

Date: \_\_\_\_\_

Name: \_\_\_\_\_

ATTN: Covered California

To Whom It May Concern:

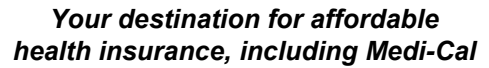
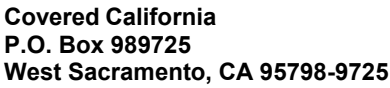
This is a letter to certify that I, \_\_\_\_\_,  
receive a cash income of \$\_\_\_\_\_ monthly as  
\_\_\_\_\_. I have no other documentation proof available.  
If you have any questions, please feel free to contact me at  
\_\_\_\_\_.

I understand that this information is subject to verification by the  
state of California. I certify that the information presented in this  
letter is true and correct to the best of my knowledge and belief.

Thank you for your attention!

Best Regards,

\_\_\_\_\_



### Attestation of Income, No Documentation Available

- I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for financial assistance. Covered California will keep this information private, as required by federal and California law.
- I understand that I must report income changes to Covered California within 30 days of the change because it may affect the amount of premium assistance (or tax credits) or the level of cost-sharing reduction for which I may qualify.
- I understand that if I receive too much premium assistance (or tax credits) during the benefit year, I will have to pay some or all of the excess premium assistance back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year.
- I declare under the penalty of perjury, under the laws of the state of California, that what I stated above is true and correct.

Applicant's Signature: \_\_\_\_\_ Date:            /        /  
MM          DD          YYYY

Send your form in one of the following ways:

**Electronic Submission**  
For faster processing upload  
this document directly to your  
online account at  
**CoveredCA.com**

Fax  
(888) 329-3700

Mail  
Covered California  
P.O. Box 989725  
West Sacramento, CA 95798-9725