**PROOF OF INCOME LETTER**

**Applicant s Name Address**

**City, State, Zip Phone Number**

**Today’s Date**

Medi-Cal Access Program

P.O. Box 15559

Sacramento, CA 95852-0559

Dear Medi-Cal Access Program,

I am providing this affidavit to verify my income as I have no other income documentation available to me.

I receive **$ (gross amount),** and the frequency of pay is **[weekly, every two weeks, twice a month, or monthly].** I last received this amount on

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.

Sincerely,

**Signature of person receiving income**

**Printed name of person receiving income**

\* This document must be handwritten by the applicant. If the applicant cannot hand write, they must put their mark “X” and include a printed name and signature of a witness.