 Attestation Form to Verify Income

Fill out this form if you cannot provide the documentation needed to verify your income. You should always try to provide formal documentation if you can. See income verification documents types at [https://www.mahealthconnector.org/verification-documents.](https://www.mahealthconnector.org/verification-documents) This form will be accepted if an individual has made a good-faith effort to get income documentation but cannot due to the examples below.

You may use this form if:

* getting the needed documentation poses a safety risk to you,
* accessing the document is impossible due to circumstances outside of your control, or
* you have sent documentation that has repeatedly been rejected and you have no other acceptable proof of this type of income

Head of Household Name: Other Household Members: Reference ID/Member ID:

Phone Number: Today’s Date:

What is your total expected income for the current calendar year as stated on your application $

**Select one option below:** I am completing this form because:

* 1. I cannot access documentation to prove my income (Examples: The document is being withheld or you will not have documentation until sometime in the future).
* 2. Documentation to prove my income does not exist

Review the types of income listed in your *Request for Information*. Below, check off the types of income listed in your letter.

* Proof of Job Income (including employer, job name, address, hours worked)
* Proof of Self Employment Income
* Proof of Social Security Benefits
* Proof of Unemployment Income
* Proof of Retirement or Pension Income
* Proof of Income from Capital Gains (or Losses)
* Proof of Income from Interest, Dividends, or Other Investment Income
* Proof of Rental or Royalty Income
* Proof of Farming or Fishing Income
* Proof of Alimony Received
* Proof of Income from Canceled Debts
* Proof of Income from Court Awards
* Proof of Income for Jury Duty Pay
* Proof of Other Income from other source

Income Detail – for each income type listed on the *Request for Information* you received in the mail, include the dollar amount received and the frequency with which it is received (monthly, quarterly, seasonally, or one time only).

AFVI-0822



Explanation for Income – please provide as much detail on your projected income above as possible, including reasons for any changes in income type, changes in income source or frequency, date of change, etc.

* By signing below, I swear under the pains and penalties of perjury that everything on this form and any supporting documentation I chose to include, is true and complete to the best of my knowledge.
* I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Head of household signature: Date:

# RETURN THIS SIGNED DOCUMENT IN ONE OF FOUR WAYS

* **Upload to your HIX account**
* **FAX it to** (857) 323-8300
* **Mail it to** Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780
* **Give this form to** someone at one of these locations

# MassHealth Enrollment Centers

# Health Connector Walk-in Centers

529 Main Street

Charlestown, MA 02129

88 Industry Avenue, Suite D Springfield, MA 01104

21 Spring Street, Suite 4

Taunton, MA 02780

# QUESTIONS

367 East Street

Tewksbury, MA 01876

100 Hancock Street, 1st Floor Quincy, MA 02171

133 Portland Street

Boston, MA 02114

146 Main Street

Worcester, MA 01608

Call the Health Connector at **(877) MA ENROLL, (877) 623-6765** or **TTY: (877) 623-7773**. Or call MassHealth at (**800) 841-2900**

or **TDD/TTY: 711**.