



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 MAhealthconnector.org/proof. This form will be accepted if you have 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.

<input type="checkbox"/> Proof of Job Income (including employer, job name, address, hours worked)	<input type="checkbox"/> Proof of Income from Capital Gains (or Losses)	<input type="checkbox"/> Proof of Alimony Received
<input type="checkbox"/> Proof of Self Employment Income	<input type="checkbox"/> Proof of Income from Interest, Dividends, or Other Investment Income	<input type="checkbox"/> Proof of Income from Canceled Debts
<input type="checkbox"/> Proof of Social Security Benefits	<input type="checkbox"/> Proof of Rental or Royalty Income	<input type="checkbox"/> Proof of Income from Court Awards
<input type="checkbox"/> Proof of Unemployment Income	<input type="checkbox"/> Proof of Farming or Fishing Income	<input type="checkbox"/> Proof of Income for Jury Duty Pay
<input type="checkbox"/> Proof of Retirement or Pension Income		<input type="checkbox"/> 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 how often it is received (monthly, quarterly, seasonally, or one time only).



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, P.O. Box 4405, Taunton, MA 02780**
- **Give this form to someone at one of these locations**

MassHealth Enrollment Centers

529 Main Street Charlestown, MA 02129	243 Cottage Street Springfield, MA 01104	367 East Street Tewksbury, MA 01876
45 Spruce Street Chelsea, MA 02150	21 Spring Street, Suite 4 Taunton, MA 02780	50 SW Cutoff, Suite 1A Worcester, MA 01604
100 Hancock Street, 1st Floor Quincy, MA 02171		

QUESTIONS

Call the **Health Connector** at (877) 623-6765, or call **MassHealth** at (800) 841-2900. **TTD/TTY: 711**.