



## Self Attestation of Income

This form should be used by patients who have difficulty producing the requested income documentation.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

- I get paid in cash
- I have no available paystubs
- I am self-employed

Please indicate your net monthly income: \$ \_\_\_\_\_

***I certify that I have no other way to document the above income. I affirm that the income information provided is true, complete and correct to the best of my ability.***

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_