



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 Gross 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: _____