

Fill out this form if you cannot provide the documentation needed to verify annual income for the current year at this time. Formal documentation is always preferred but this form can be used if tax documents or other documents are not available or finalized yet, if yearly income is complex or from multiple sources etc. This form will be accepted for verification for total household annual income for the Advance Premium Tax Credit. Please provide explanation as to why current year's income will be different from last year's income.

**This form cannot be used to verify income for Medicaid or any other benefits program.**

This form can be completed by the case member, an authorized representative, an agent, or kynector. Electronic signatures are accepted.

### Written Statement of Yearly Income

**Case Name (First and Last Name):** \_\_\_\_\_

**SSN (last 4 digits):** \_\_\_\_\_; or **Case Number:** \_\_\_\_\_

**List the total annual income of each tax household member below:**

**Grand Total Tax Household Annual Income from All Sources:**

**Written Explanation:**

**Printed Name of Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Individual:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

(electronic/typed acceptable)

(optional)

**Important: We cannot accept this form unless all fields are completed.**