|  |  |
| --- | --- |
| ***Yellow text on a black background  Description automatically generated with medium confidence*** |  |

**<**Name of the Applicant>

<Address>

<City><State><Zip>

<Contact Number>

 <Date>

 Medi-Ohio Access Program

P.O. Box No 14459

Akron, Ohio.

 Dear Medi-Ohio Access Program,

 I am hereby submitting this self-affidavit to verify my earnings because I have no other official documentation certifying my income available with me.

 I get a gross amount of $\_\_ and the payment frequency of this money is on a <weekly or fortnightly or monthly> basis. I got this amount last on <Date>.

 I realize that this self-affidavit can be checked by the State of Ohio. I also certify that the details presented in this letter are correct and true to the best of my belief and knowledge.

 Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Signature of the individual receiving the income>

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 <Printed name of the individual who is getting the income>