

MAIL TO SELF

<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>

