University of Vermont Health

Letter of Income Self Attestation

Note: This form should only be used by individuals who have no other valid proof of income. If you have reported income with proper support, and or qualify under presumptive eligibility you do not need to complete this form.

Name: _____Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please identify sources of funding for your basic everyday needs, for example shelter and food

._____
_____
_____
_____
_____
_____
_____

My last job was in (month/year) : _____

My last employer was: _____

Applicants must read and sign the following:

I am requesting financial assistance from University of Vermont Health Partners. I understand that the program officials may verify information on this form. I certify that all the information I have provided is accurate and complete.

Signature of Patient / Financial Guarantor or (Parent/Guardian if patient is under 18) **Date**