



LK HEALTH

Affidavit Self-Certification

I, _____, certify through my signature that the statement given below is true and correct to the best of my knowledge.

I am currently employed as _____, by _____.

My employer/client refuses to give me a statement verifying how much he/she pays me. Therefore, I would like to self-certify and declare my cash income as follows:

a. Amount paid (\$): _____ (per hour /day/ week)

b. Number of working hours per day: _____

c. Number of working days per week: _____

I certify and declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Patient Signature

Date

Spouse's Signature (if applicable)

Date

Office Use Only

Family Size: _____ Total Monthly Gross Family Income: \$ _____

Financial Screener's Signature: _____ Date: _____

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