



WILL COUNTY COMMUNITY HEALTH CENTER

VERIFICATION OF INCOME STATEMENT

(SELF-ATTESTATION)

To Whom it May Concern:

I, _____ (name) hereby attest that the total number of individuals in my family is _____. Further, I attest that my/our monthly income is: _____ and my total income from the last calendar year (from all sources) was _____.

Patient/Parent or guardian

(Date)