

ATTESTATION OF OTHER INCOME

Instruction: Complete this Attestation if you have no other document to show your current income or recent change in income, and if you need to submit documentation to verify the income stated in your Get Covered New Jersey application.

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____

1. I, _____(name), attest and affirm that the current monthly Income of my household is \$ _____.

2. The source of this income is _____

_____.

3. I have no other documentation of this income because _____

_____.

4. I understand that if I am determined eligible for a Qualified Health Plan that I must report any changes (including income, address, and household members) within 30 days to GetCoveredNJ because it may affect the amount of financial help for which I may qualify, and I can do this by logging into my online account at GetCovered.NJ.gov or by calling the Call Center at 1-833-677-1010. I understand that if I receive too much financial help in the form of federal advance premium tax credits (APTC) during the benefit year, I will have to pay some or all of the excess financial help back to the Internal Revenue Service (IRS) when I file my federal income tax return for the coverage year.

5. I declare under penalty of perjury and certify that the foregoing statements made by me are true and correct. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

SIGNATURE

DATE