

Complete this Affidavit if you have no other documents to show your current income or recent change in income.

### STEP 1

**Tell us about yourself. Please print.**

First name

Middle initial

Last name

Date of birth (MM/DD/YYYY) / /

Social Security number

CoverME ID  
(optional)

### STEP 2

**Read and sign this form.**

I, \_\_\_\_\_, attest or affirm that the current monthly income of my household is

\$ \_\_\_\_\_

The source of this income is \_\_\_\_\_.

My monthly income has changed recently due to the following: \_\_\_\_\_

I understand that if I am determined eligible for a Qualified Health Plan that I must report any changes (including income, address, household members and pregnancy status) within 30 days to CoverME because it may affect the amount of premium assistance (or tax credits) or the level of cost-sharing reduction for which I may qualify, and I can do this by logging into my online account at CoverME.gov or by calling the Call Center at 1-866-636-0355.

I understand that if I receive too much premium assistance (or tax credits) during the benefit year, I will have to pay some or all of the excess premium assistance back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year. 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.

Applicant, member, or authorized representative signature

Date  
MM/DD/YYYY / /

### STEP 3

**Attach this form to your application and mail it to the address listed below.**

#### Mail to:

CoverME.gov Consumer Assistance Center

P.O. Box 616

Augusta, ME 04332-6626