SELF-EMPLOYMENT ATTESTATION FORM

To Whom It May Concern:

I,_____, confirm that I have been self-employed/have worked for_____ years as

a/an_____under the

business name of _____.

The nature of my business is as follows:

_____

Business address:

_____

Number & Street/PO Box City State Zip Code

Business Telephone Number: _____

It is hereby certified that the following wages and hours represent a normal rate of the most recent 4-week period.

1. Number of hours worked per week (average): _____
2. Average Gross Weekly Income: $_____
3. Business Expenses (list by item): _____
4. Annual Revenue, Tax Return, Income Summary, or Other: $_____
5. Does the Business have health insurance coverage? Yes_____ No_____

_____ _____

Patient Signature Date

COMPLETED BY NOTARY

Sworn before me this_____day of_____, 20____, the above statement

is true. Personally known or identification provided: _____

_____

Notary Public