

INCOME DECLARATION LETTER

Date: _____

Name: _____

Address: _____

**HEALTH INSURANCE MARKETPLACE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001**

MARKETPLACE APPLICATION ID: _____

TO WHOM IT MAY CONCERN:

I, _____, DATE OF BIRTH: _____,
HEREBY DECLARE THAT I AM SELF-EMPLOYED AND COMMIT, THROUGH MY OWN
WILL, TO DECLARE _____ AS MY ANNUAL INCOME FOR THE YEAR
OF 2023.

SINCERELY,

