

Attestation for Frequently Changing Monthly Income

Instruction: Complete this Attestation if you need to submit documentation to verify the income stated in your Get Covered New Jersey application, and you or a household member has income that changes from month to month. For example, if income is from seasonal or contractual work, and you do not have any other evidence to provide. Other evidence could include a signed contract for seasonal employment, a history of predictable income fluctuations, or the prior year's tax return if it reflects seasonal or other irregular employment.

I, _____ (Print Name), attest and affirm the following:

1. My Date of Birth is: _____
2. My Address is: _____
3. My household income changes from month to month because (attach page if needed):

4. Monthly income is expected to be the following for each of the next 12 months:

Current month: _____	Month 2: _____	Month 3: _____
Month 4: _____	Month 5: _____	Month 6: _____
Month 7: _____	Month 8: _____	Month 9: _____
Month 10: _____	Month 11: _____	Month 12: _____

5. There is no other evidence of the changes in income from month to month because:

6. 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.

7. I declare under penalty of perjury and hereby 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