CUYAHOGA COUNTY BOARD OF HEALTH
Your Trusted Source For Public Health Information

Attestation Form for Income, Insurance, or Residency

Instructions: This form should be used as a last resort, after all other possible documentation sources for income, insurance, or residency have been exhausted.

☐ **No Income**

I, _____ (print name), certify that my income has been $0 for the past _____ months.

How I have supported myself/family while having no income (be specific):

_____
_____
_____

☐ **No Insurance**

I, _____ (print name), certify that I do not currently have medical insurance.

☐ **Residency**

I, _____ (print name), certify that I currently reside at:

_____
_____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____