

Part3

**It is very important that you complete the following information.
We are an income based program and we need your exact income from last year.**

My income for last year was \$ _____

- I have an active Ohio Medicaid/Healthy Start Card
- I receive Ohio Works First-TANF. Amount received monthly \$ _____
- I receive Social Security Income. Amount received monthly \$ _____

Please attach copies (not originals) of forms that provide proof of your income. Proof of income can be presented through W-2 forms, 1040 tax forms, statements from employers, Social Security, and/or forms that verify income from other sources (child support, etc.).

I certify that the above income information is correct
and I have attached copies of my proof of income:

Signature

Date