

Medicaid Proof of Income Letter

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Date: March 10, 2025

Recipient:

Medicaid Office
Department of Health and Human Services
789 Health Services Drive
Springfield, SP 34567

Salutation:

Dear Medicaid Office,

Subject:

Verification of Income for Medicaid Eligibility

Body:

I am writing to provide necessary documentation of my income for consideration of my eligibility for Medicaid benefits. This letter includes details of all my current income sources, as required by your office.

Employment and Income Details:

- **Employer:** Freelance Carpenter
- **Nature of Work:** Independent Contractor

- **Average Monthly Income:** \$1,200 from various small projects

Additional Income:

- **Social Security Benefits:** \$850 per month
- **Pension:** Not applicable

Annual Total Income:

- **Last Year's Gross Income:** \$24,600

Supporting Documents:

- **Attachment 1:** Copies of bank statements for the past six months, showing income deposits from carpentry projects.
- **Attachment 2:** Recent Social Security benefits statement.

Conclusion:

I trust that the attached documents and this detailed letter provide a comprehensive view of my financial situation. I respectfully request that my income details be reviewed to determine my eligibility for Medicaid benefits, aiming to ensure that I receive the support needed for my healthcare.

Closing:

Thank you for your consideration and time. Please contact me should you require any further information or clarification.

Sincerely,

[Signature]

James Carter

Attachments:

1. Bank statements (last six months)
2. Social Security benefits statement