



Basic Health Alternative Income Statement

Subscriber Name (print) _____

Basic Health I.D. Number _____

If you receive income for which you cannot obtain documentation (such as jobs paid in cash), read and complete this form. **This form is *not* to be used when income documents can be obtained.**

Documentation for **other types of income** (such as child support, social security income, etc.), **must be provided to Basic Health.**

Use the charts below to record your monthly income and your spouse's monthly income. If you did not receive income for one or more months, enter \$0 for that month.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Year												
Subscriber income												

Use the next chart to enter **income for your spouse:**

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Year												
Spouse income												

If either of you is reporting no income for some months, explain why:

The subscriber and spouse must **both** sign and date below. I declare, under penalty of perjury, the information I have provided on this form is true, correct, and complete to the best of my knowledge.

Subscriber Signature _____

Spouse Signature _____

Date _____

Date _____

Privacy Statement – Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 206-521-2036 or online at www.hca.wa.gov.