



Affidavit to Verify Zero Income

STEP 1 Tell us about yourself, please print.

First name	Middle initial	Last name
Last 4 numbers of Social Security number		Ref ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2 Read and sign this form.

I, _____, do not receive any income at this time.
 (Applicant or member printed name)

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge.

I know that if I lie on this form, my health coverage might end and I might have to repay the New Mexico Health Insurance Exchange for any tax credits or health benefits I received.

Applicant or member signature Date (MM/DD/YYYY)

STEP 3 Return this signed form

- 1. **FAX:** 505-216-7776
- 2. **Mail:** New Mexico Health Insurance Exchange
 PO Box 25247
 Albuquerque, NM 87123

Questions? Call Customer Service at 1-833-862-3935 or TTY: 711