



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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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"/>		

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)
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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 our Customer Engagement Center at 1-833-862-3935 or TTY: 711.