MA-31 English
(6/17)

DEPARTMENT OF HEALTH
MEDICAID PROGRAM

WORK CERTIFICATION
NO EMPLOYER

I, _____
voluntarily provide the following information about my income:

☐ On my own – I work on my own in:

_____

☐ Occasional Work - I do occasional work.
Such as: _____

_____

_____

_____

My income, including the current month and the last three have been as follows *(4 months in total):*

	Months	Net Income
1.	_____	_____
2.	_____	_____
3.	_____	_____
4	_____	_____

_____ _____
Household Number Signature of the applicant

_____ _____
Local Office Date