



Medical Care For People In Need

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WeCareManatee.org

UNDOCUMENTED PAY ATTESTATION/SELF EMPLOYMENT RECORD

(To be completed if client is paid in cash or is self-employed)

I, _____, hereby attest that I am receiving
cash payment for services of _____ **OR** I am
self-employed under the business name of _____
I make \$_____ per month.

(Client Printed Full Name)

This attestation is to be filled out and signed only by the Client. We Care cannot advise the Client of an amount to enter.

Client's signature

Date

Witness' signature

Date