# DHB Self Attestation

For self-attestation of all eligibility criteria, when electronic or other documentation not available, enter the statement: “COVID19”

<table>
<thead>
<tr>
<th>Eligibility Item</th>
<th>Documentation</th>
<th>NC FAST Verification Evidence</th>
</tr>
</thead>
</table>
| Medical Bills to Meet Deductible  | Complete statement, including:  
  • Date(s) of service  
  • Provider name  
  • Amount owed  
  Caseworker must ensure bill(s) have not been applied to previously met deductible | Bill/Receipts                                         |
| State Residence                   | Applicant checked “yes” or provided response they are state resident  
  Provided NC address as residence | “Written declaration from Third Party” twice on:  
  • Income Support, or  
  • Insurance Affordability (MAGI) | |
| Resources                         | Complete statement, including:  
  • Type of resource  
  • Location/name of financial institution  
  • Account #, if known  
  • Amount/value of asset  
  Self-Attestation is not allowable for transfer of assets or reserve reduction. | “Not required per policy: for the following:  
  • Annuity  
  • Property  
  • Trust  
  • Vehicle | |
| Income                            | Unearned income:  
  • Source  
  • Gross Amount  
  • Frequency  
  Earned income:  
  • Employer/source  
  • Gross Amount  
  • Frequency/pay cycle | “Other” – “enter comments” can be entered to satisfy the verification requirement for **Income**  
  If “Other” is not available, Select another verification type and document COVID-19 in the comment box. |
| Income deductions                  | Complete statement, including:  
  • Type of deduction  
  • Amount  
  • Frequency  
  Caseworker must ensure deduction is allowable | Use “Paystub/Earning statement” |
| Life Insurance                    | Complete statement, including:  
  • Type of policy (term, whole life, etc.)  
  • Owner  
  • Face value  
  • Cash value, if accrues | “Written or Verbal Statement from Insurance Company” |