



## Answer These Questions

1. Have you moved since last year?  YES  NO  
If YES, write your new address here:
- 
2. Have you attached your proof of income?  YES  NO  
You **must** provide proof of income (e.g., your most recent paystubs). If you have no income, please check this box.
3. Do you pay for childcare or eldercare?  YES  NO  
If YES, you **must** attach receipts to get this deduction.
4. Has your immigration status changed?  YES  NO  
If YES, tell us whose status changed.
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5. Does anyone have Medicare or insurance?  YES  NO  
If YES, attach copies of your Medicare or private insurance cards.  
**Note:** you can still get DC Medicaid if you have other insurance.
6. **Seniors/disabled, Alliance and 50-64 customers:**  
Do you have \$1,000 or more in liquid assets?  YES  NO  
If YES, attach proof of assets (e.g., bank statement).

## Sign Here

I believe that all of my information on this two-page form is correct. I have reported all of my changes on this form. I know that if I give any false information, I may be breaking the law.

X \_\_\_\_\_  
Signature Date

Your Telephone \_\_\_\_\_