

Healthcare Tax Credit Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Family's Name] is eligible for the healthcare tax credit for the tax year [Insert Year]. The family consists of [Number of Members] members and meets all the necessary criteria set forth by the Affordable Care Act.

Eligible family members include:

- [Member Name 1] - [Relationship]
- [Member Name 2] - [Relationship]
- [Member Name 3] - [Relationship]

The household income for [Family's Name] is [Insert Income Amount], which aligns with the eligibility guidelines established for receiving the tax credit.

If you require further information or documentation, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization] - [Contact Information]