

Healthcare Tax Credit Certification

Date: [Insert Date]

To Whom It May Concern,

This letter serves as certification for [Name of Household or Individual] regarding their eligibility for the healthcare tax credit aimed at low-income households.

Household Information:

- Household Name: [Insert Household Name]
- Address: [Insert Address]
- City, State, Zip: [Insert City, State, Zip]
- Number of Members: [Insert Number of Members]

Income Information:

- Annual Household Income: \$[Insert Income]
- Income Source: [Insert Income Source]

Based on the information provided, [Name of Household or Individual] qualifies for the healthcare tax credit for the tax year [Insert Tax Year].

If you have any questions or require further information, please feel free to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]