

Healthcare Tax Credit Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Senior's Name], residing at [Senior's Address], meets the qualifications for the healthcare tax credit program as stipulated by [Relevant Tax Authority or Program Name].

Details of the individual are as follows:

- Name: [Senior's Name]
- Date of Birth: [Senior's Date of Birth]
- Social Security Number: [Senior's SSN]
- Income Level: [Senior's Income]

Based on the provided information, [Senior's Name] is eligible for the healthcare tax credit as per the criteria established by [Relevant Tax Authority]. Please feel free to contact us at [Contact Information] for any further verification or inquiries.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]