



AFFIDAVIT OF NO INCOME

DATE: _____ APPLICATION ID: _____

NAME: _____ SSN OR TAX ID: _____

I _____, swear or affirm that I do not currently have any earned or unearned income of any kind. This includes, but is not limited to, income from wages or self-employment, rental income, unemployment benefits, pensions, retirement, social security benefits, alimony, interest income, or IRA distributions.

Last date of work: _____

Did you file for unemployment benefits? If so, what date did you file _____

Are you currently incarcerated or have you been released from incarceration within the last 30 days?

Are you disabled? _____ Did you file for disability benefits? _____

If so, what date did you file _____

I understand that if I am determined eligible for Medicaid or a Qualified Health Plan that I must report any and all changes (including income, address, household members and pregnancy status) within 10 days to the Maryland Health Connection or my local health department or social services or I can do this by logging into my online account at www.marylandhealthconnection.gov.

I solemnly affirm under the penalties of perjury that the information provided in this affidavit of no income are true and accurate to the best of my knowledge and belief.

SIGNATURE

DATE