



AFFIDAVIT OF RESIDENCY

Name:

SSN/ITIN:

I, _____, swear or affirm that I am unable to provide an in-state physical address for purposes of my application for health care coverage because I am currently homeless.

I, _____, I do not have the documents requested by Maryland Health Connection to verify my in-state physical address for the following reasons:

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT OF RESIDENCY IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY ABILITY, BELIEF, AND KNOWLEDGE.

Date

Signature of Applicant