



**AFFIDAVIT OF NO INCOME**

DATE: \_\_\_\_\_

APPLICATION ID: \_\_\_\_\_

NAME: \_\_\_\_\_

SSN OR TAX ID: \_\_\_\_\_

I \_\_\_\_\_, swear or affirm that I currently do not have any earned or unearned income of any kind. This includes income from wages or self-employment, rental income, unemployment, pensions, retirement, social security, alimony, IRA distributions, or cash contributions from friends, family or others.

Last date of work: \_\_\_\_\_ Filed unemployment: \_\_\_\_\_ Incarcerated: \_\_\_\_\_

I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

I have no funds currently to support myself and will be receiving help from:

\_\_\_ Family      \_\_\_ Friends      \_\_\_ Other \_\_\_\_\_

I hereby certify that the statements provided in this affidavit is true and accurate to the best of my knowledge

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.com](http://www.marylandhealthconnection.com)

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE

I am unable to sign and scan due to the coronavirus state of emergency.