Maryland
DEPARTMENT OF HEALTH

Client Services
1223 W. Pratt Street, Baltimore, MD 21223
Phone: (410) 767-6535 or Toll Free: 1-800-205-6308
or TTY- Maryland Relay Service 1-800-735-2258
Fax Numbers: (410) 333-2608; (410) 244-8617

A-2: No Income and/or Unhoused Verification Form

Required for Proof of no Income/Maryland Residency

ID: 94 _____

Instructions: Complete section 1 **or** 2.
If being completed by a case manager, please complete the attestation section at the bottom with signature.

First Name: _____ MI: ____ Last Name: _____ Suffix: _____

Date of Birth: ____/___/_____

Section 1. Supporting relative or friend (all information is required)

I, _____, certify that _____is:
(applicant)

☐ **Currently without income**
I am supporting him/her by providing the following:

☐ Payment for room and board outside of my home.
☐ Free room and board in my home.
☐ Other, please explain: _____

☐ **I certify that the information provided on this form and any attached documentation is true, correct, and complete.**

First Name: _____ Last Name: _____

Relationship to Applicant: _____

Street Address: _____ City: _____ State: ____ Zipcode: _____

Phone number: _____

Signature: _____ Date: _____

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Section 2. Shelter or Agency *(if applicant is unhoused)*

I, _____, certify that _____resides at _____, at
(Name of Shelter Representative) *(Applicant)* *(Facility Name)*

_____ for the period of:
(Facility Location)

☐ less than 6 months ☐ 6 to 12 months ☐ 12 months or more

☐ **The applicant has no income**

☐ **Client is unhoused and is Not currently living in a shelter**

☐ **The applicant has income.**

☐ **I certify that this information is true, correct, and complete.**

Organization Name:

_____

First Name: _____Last Name: _____

Street Address: _____ City: _____ State: ___ Zipcode: _____

Phone number: _____

Signature: _____ Date: _____

☐ **Self reported** ☐ **Case manager reported**

A-2 VONI - Rev. January 2025