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-3: Cash Only Verification Form

ID: 94-_____

Instructions: This form must be completed and signed by any applicant who does not receive pay stubs. Complete all applicable questions below to support your household income eligibility for assistance. Return this form with the application.

If you are self-employed, fill in sections 1 and 2 only. If you are not self-employed and do not receive pay stubs, fill in sections 1, 2, and 3.

Section 1:

First Name: _____ MI: _____ Last Name: _____ Suffix: __

Date of Birth: _____/____/____ Social Security Number: _____-_____-_____

Section 2:

List the last four (4) consecutive pay amounts paid:

Pay Date:	Gross Pay:	Tips:	Totals:
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
Totals:	$_____	$_____	$_____

Section 3:

1. Pay rate is: $ _____ per hour.
2. Number of hours worked per week: _____
3. Frequency of pay: Weekly Bi-weekly Monthly Other: _____
4. Are you a seasonal worker? No Yes, and my work schedule is: _____

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

Applicant's Signature: _____ Date: _____

MDH Unit #72, Client Services, (410) 767-6535 or Toll Free: 1-800-205-6308 or
TTY- Maryland Relay Service: 1-800-735-2258, Fax: (410) 333-2608
Email: client.services@maryland.gov
Website: https://health.maryland.gov/phpa/OIDPCS/Pages/MADAP.aspx