



A-2: No Income and/or Homeless Verification Form
Required Proof of no Income/Maryland Residency/Homelessness

ID: 94 _____

Instructions: Complete section 1 or 2.

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: ___ Zip code: _____
Phone number: _____
Signature: _____ Date: _____

Section 2. Shelter or Agency (if applicant is homeless)

I, _____, certify that _____ resides at _____, at
(Name of Shelter Representative) (Applicant) (Facility Name)
_____ for the period of: [] less than 6 months [] 6 to 12 months [] 12 months or more.
(Facility Location)

- The applicant has no income. Client is homeless 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: ___ Zip code: _____
Phone number: _____
Signature: _____ Date: _____

- Self reported
Case manager reported