

MARYLAND CANCER FUND

Statement Certifying No Income

I, _____, state that:

I am not employed at this time and receive no unemployment compensation, support, or income of any kind. I live with my _____ (parents, friend, relative, etc.) and receive only room and board. I receive

Check all that apply:

- | | | |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Food Stamps |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cash Assistance/Temporary Cash Assistance/TEMA |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Housing Allowance (voucher) |

(Patient Signature)

(Date)

Notary Acknowledgement

STATE OF MARYLAND)
) SS
_____)

On _____, before me, the undersigned, a Notary Public in and for said County/City and State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same.

Subscribed and sworn to before me this _____ day of _____, 20____.
Witness my hand and official Seal

Notary Public in and for said County/City and State

Notary Public: _____

Date: _____

My commission expires on _____