



AFFIDAVIT (EXPLANATION) OF NO CURRENT 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, but is not limited to, income from wages or self-employment, income from rental property or investments, unemployment, retirement or social security benefits, alimony, or IRA or pension distributions.

I have no income for the following reason(s). Select all that apply:

_____ I have no job and have no unemployment benefits.

_____ I have lost other sources of income (for example: benefits ended, loss of investment income, loss of alimony payments).

_____ I have a medical condition that prevents me from working.

_____ I am incarcerated.

_____ I (or my dependent) have never worked.

I hereby certify that the statements provided in this affidavit (explanation) of no income are true and accurate to the best of my knowledge.

I understand if I am determined eligible for Medicaid or a Qualified Health Plan I must report any and all changes (including changes in income, address, household members or 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.gov.

SIGNATURE

DATE