STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Statement Certifying No Income
Maryland Cancer Fund – Cancer Treatment Grant

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	☐	No	☐	Food Stamps
Yes	☐	No	☐	Cash Assistance/Temporary Cash Assistance/TEMA
Yes	☐	No	☐	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 _____