



MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION

Information About You

Name: FIRST MIDDLE LAST

Address: STREET CITY STATE/ZIP

Marital Status: Single Married Separated Widow

US Citizen: Yes No Permanent Resident: Yes No

Household Members

Table with 4 columns: NAME, AGE, RELATIONSHIP, EMPLOYED, INCOME/HOW OFTEN. Includes checkboxes for Yes/No.

Have you applied for Medical Assistance? Yes No If yes, when: Do you receive any type of state or county assistance: Yes No Benefit is:

Family Income

List the amount of your monthly income from all sources. You are required to supply proof of income and all assets. If you have no income, please provide a letter of support from the person providing your housing and meals.

Table with 4 columns: Income, Monthly Amount, Monthly Expenses, Monthly Amount. Rows include Employment, Retirement/Pension Benefits, Social Security/Disability Benefits, Unemployment Benefits, Veterans' Benefits, Alimony/Child Support, Self-employment, Household Expenses, Medical Expenses, Liquid Assets, Checking/Savings, IRA/MM/Stocks/Bonds, Name of Employer.

By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

APPLICANT SIGNATURE DATE