

AAMC Community Clinics, LLC

Forest Drive Morris Blum Stanton Center Arundel Lodge

410-990-0050

Verification of Assistance/No Income

(Must be notarized)

Applicant (to be completed by patient/Legal guardian):

Patient Legal Name: _____ Date of Birth: _____

I have had no income since: _____ I do not expect to receive income until: _____

Housing Situation: Living with friend/relative/roommate Renter Homeowner

Dorm Homeless Shelter

Food Situation: Food provided by or paid for by friend/relative in household Food Pantry

Supplemental Nutrition Assistance Program (SNAP)

Patient/Guardian Signature: _____ Date: _____

.....

Person Supporting Applicant/Minor (to be completed by person supplying the support):

I have been providing the applicant with the following:

Housing: Housing in my home Money for housing Bed at a shelter

Food: Food in my home Money for food

Other: \$ _____/month for other expensed (not housing or food)

I certify that to the best of my knowledge, the applicant is not receiving any type of income at this time:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____ Phone: _____

Signature: _____ Date: _____