

**Maryland Department of Human Services
Family Investment Administration Request for
Information to Verify Eligibility**

2. Date	3. CI ID /AU Number
4. Case Name	
5. Case Manager	
6. Telephone Number	

LDSS #

Dear Customer: To get benefits you must give us the proofs **marked below** for you and **all persons for whom you are applying**. Failure to respond to this notice and/or to provide requested information, may result in closure or reduction of benefits. If you have any questions or concerns, or need help to get the requested proofs, please contact or visit the agency; our telephone number is listed at the top this notice.

Bring the proofs to an interview Bring or send them to me no later than... DATE:

Proof of Income		Proof of Identity		Most Recent Proof of Expenses	
Pay stubs – last _____		Social Security Number		Heat, Lights, Telephone, Water, Sewage Trash Removal, Other Utilities	
Statement on Employer's Letterhead		Birth or Baptismal Certificates		* Rent Mortgage Receipts	
Tax Return 20_____		Drivers Licenses		* Amount of Shared Expenses	
Unemployment Benefits		Alien Registration Cards or Alien Numbers for: _____		*Child or Adult Dependent Care	
Union/Strike Benefits		Marriage License/Divorce Decree		Property Taxes/Homeowners Insurance	
Child Support or Alimony you Receive		Affidavit from Another person		Medical Bills	
Social Security Benefits		Citizenship		Child Support or Alimony you Pay to Someone Outside your Home	
SSI/SSDI Benefits		Incarcerated		Other:	
Veteran's Benefits or Other Pensions		Deceased		Other Proofs	
Education Loans/Grants/Scholarships		Proof of Living Arrangement		School Attendance and Financial Aid Form 604 or 690	
Military Allotments		Living Arrangement Form Form 1130		Address of Absent Parent(s)	
*Proof of Expenses Paid by Others		Other :		Pregnancy/Prenatal Care	
*Contributions from Others		Proof of Assets		Disability Incapacitation	
*From Roomers or Boarders		Checking and Savings Accounts		Application for Other Benefits	
Rental/Mortgage Income		Certificates of Deposit (CD's, IRA's and Keogh Accounts)		Report Cards	
Self Employment Records		Stocks, Bonds, Mutual Funds		Health Care Forms	
Workman's Compensation		Dividends and Interest		Type of Housing	
Wage Form		Life and Health Insurance		Other :	
Lottery/Gambling		Other :		Other :	

***Important:** These proofs must include the name, address and telephone numbers of the person making the statement. If you need assistance getting these proofs, please let us know.

The Family Investment Administration is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request a reasonable accommodation for a disability, please contact the case manager listed above or call 1-800-332-6347.