## MARYLANDDEPARTMENT OF HUMAN RESOURCES Family Investment Administration Request For Information To Verify Eligibility

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1. LOCAL DEPARTMENT	2. DATE	
	3. CASE NA	AME
	4. CATEGO	RY&AU NUMBER
	5. CASE MA	ANAGER
	6.TELEPHO	ONE NUMBER
APPLYING. If you have any questions or need he		•
	g or send them to me no later	DATE.
Bill	ig or send them to me no later	
PROOF OF INCOME	PROOF OF IDENTI	MOST RECENT PROOF OF EXPENSES BILLED OR PAID BY YOU OR OTHERS FOR YOUR HOUSEHOLD
Paystubs - last	Social Security Cards	Heat, Lights, Telephone, Water, Sewerage Trash Removal, Other Utilities
Statement on Employer's Letterhead	Birth or Baptismal Certificates	* Rent, Mortgage Receipts
Tax Return: 20	Driver's Licenses	*Amount of Shared Expenses
Unemployment Benefits	Alien Registrations	* Child or Adult Dependent Care
Union/Strike Benefits	Marriage License/Divorce Dec	cree Property Taxes/Homeowners' Insurance
Child Support or Alimony		Medical Bills
Social Security Benefits		
SSI/SSDI Benefits		
Veteran's Benefits or Other Pensions	PROOF OF ASSETS	OTHER PROOFS
Education Loans/Grants/Scholarships	Checking and Savings Accoun	nts School Attendance and Financial Aid Form 604 or 690
Military Allotments	Certificates of Deposit (CD's, IRA's and Keogh Accou	unts) Address of Absent Parents
* Payments From Others for Expenses	Stocks, Bonds, Mutual Funds	Pregnancy/Prenatal Care
* Contributions Received	Dividends and Interest	Disability/Incapacitation
* From Roomers or Boarders	Life and Health Insurance	Application for Other Benefits
Rental/Mortgage Income	Cars and Other Vehicle Loans	Proof of Who Lives With You
Self Employment Records	Make, Model and Year: for all Cars, Trucks, & Other License	ed Vehicles Report Cards
Workman's Compensation	Transferred Assets in Last 3	months Health Care Forms
Wage Form	Property: House, Land, Other	Type of Housing
* IMPORTANT: These proofs must include the name, addre	ss and telephone number of the perso	on making the statement.
OTHER INSTRUCTIONS with Box Reference Number:		