



Client Services
500 N. Calvert St., 5th Fl., Baltimore, MD 21202
Phone: (410) 767-6535 or Toll Free: 1-800-205-6308
or TTY- Maryland Relay Service 1-800-735-2258
Fax Numbers: (410) 333-2608; (410) 244-8617

A-3: Cash Only Verification Form

ID: 94- \_\_\_\_\_

This form must be completed and signed by any applicant who does not receive paystubs. Complete all applicable questions below to support your household income eligibility for assistance. Return this form with the application.

If you are self-employed fill in sections 1 and 2 only.

Section 1:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Section 2:

List the last four (4) consecutive pay amounts paid:

Table with 4 columns: Pay Date, Gross Pay, Tips, Totals. Rows for four consecutive pay periods and a Totals row.

Section 3:

- 1. Pay rate is: \$ \_\_\_\_\_ per hour.
2. Number of hours worked per week: \_\_\_\_\_
3. Frequency of pay: [ ] Weekly [ ] Bi-weekly [ ] Monthly [ ] Other: \_\_\_\_\_
4. Are you a seasonal worker? [ ] No [ ] Yes, and my work schedule is: \_\_\_\_\_

I certify that the information provided on this form and any attached documentation is true, correct and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_