

Applicant Name _____

App Reg/Case Number _____

Based on the information you provided on your Medicaid/Child Health Plus application, it appears that your income does not support your monthly living expenses. Please use the space below to list your monthly living expenses and explain how you pay for these expenses. We need this information to make a decision on your application.

MONTHLY LIVING EXPENSES

Please provide the amount you spend each month for each of the expenses listed below.

EXPLANATION OF MONTHLY LIVING EXPENSES

Explain how you pay for each of the **Monthly Living Expenses** on the left (such as cash on hand, checking/savings account monies, income/wages, credit cards, help from others (list their name and relationship to you) or make a note if the expense has not been paid and for how long it has not been paid).

Rent/Mortgage/Property Taxes	\$
Water	\$
Childcare	\$
Cable	\$
Phone	\$
Heat	\$
Electricity	\$
Food	\$
Transportation	\$
Credit Card Payments	\$
Other	\$

To be completed by the MVP Marketplace Facilitated Enroller

Total Monthly Living Expenses \$ **Total Gross Monthly Income** \$

Applicant/Recipient must read the following statement and sign below.

I certify that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for Public Health Insurance Programs. I also understand that if I intentionally misrepresent my situation, I may have to repay benefits received and may be subjected to prosecution under State law.

Signature of Applicant/Recipient _____

Date _____

Marketplace Facilitated Enroller must read the following statement and sign below.

The information reported on this form was provided solely by the applicant/recipient. I did not modify the information in any way. I understand that if I intentionally falsified information on this form or if I assisted the applicant in falsifying any information that I may lose my job and be prosecuted under State law.

Name (print) _____

Signature _____

Date _____