

MARYLAND MEDICAL ASSISTANCE PROGRAM
DECLARATION OF JOINT BANK ACCOUNT
OWNERSHIP INTEREST

(e.g., Savings and Checking Accounts, Money Market Accounts, Certificates of Deposit)

I. Type of Account _____ Account No. _____
Name of Bank or Financial Institution _____
Address _____

Name of Owners S.S. # Relationship to A/R Ownership Interest

1. _____
2. _____
3. _____

Total Amount in Account _____

II. Type of Account _____ Account No. _____
Name of Bank or Financial Institution _____
Address _____

Names of Owners S.S. # Relationship to A/R Ownership Interest

1. _____
2. _____
3. _____

Total Amount in Account _____

We, the undersigned, declare the statements made above to be accurate and true.

We, also understand that this declaration may be subsequently changed or rescinded only if such action results in an increase in funds for

Name of Applicant/Recipient

If there are additional accounts, use an additional form.

Signature of Applicant/Recipient (or Representative) _____
Date

Signature of Co-Owner _____
Date

Signature of Co-Owner _____
Date