

# SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

## SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

## RESIDENCE ADDRESS:

Street:

City:

State, Zip:

Telephone:

## MAILING ADDRESS:

Street:

City:

State, Zip:

Telephone:

## CASE REVIEW INFORMATION

Interviewer Name

Interview Date

## TYPE OF INTERVIEW

Face-to-Face       Telephone       NONE

Death of SI       Death of ES

Date       Date

SI Payee Involvement

Eligible Couple Case

ES Payee Involvement

First Day in Review Period

Retro Payment Involved

**EXIT**

**START**

# e8508 Main Menu

- |    |                             |                          |     |
|----|-----------------------------|--------------------------|-----|
| 1  | Proof of Identity / SSN     | <input type="checkbox"/> | UTC |
| 2  | POA / US-Born Citizenship   | <input type="checkbox"/> | UTC |
| 3  | Nat. Citizen / Alien Status | <input type="checkbox"/> | UTC |
| 4  | Residency                   | <input type="checkbox"/> | UTC |
| 5  | Marriage                    | <input type="checkbox"/> | UTC |
| 6  | Living Arrangements / ISM   | <input type="checkbox"/> | UTC |
| 7  | Self-Employment             | <input type="checkbox"/> | UTC |
| 8  | Wages                       | <input type="checkbox"/> | UTC |
| 9  | Unearned Income             | <input type="checkbox"/> | UTC |
| 10 | Financial Accounts          | <input type="checkbox"/> | UTC |
| 11 | Other Liquid Resources      | <input type="checkbox"/> | UTC |
| 12 | Non-Home Property           | <input type="checkbox"/> | UTC |

- |    |                              |                          |     |
|----|------------------------------|--------------------------|-----|
| 13 | Negative Property Search     | <input type="checkbox"/> | UTC |
| 14 | Vehicles                     | <input type="checkbox"/> | UTC |
| 15 | Life Insurance               | <input type="checkbox"/> | UTC |
| 16 | Other Non-Liquid Resources   | <input type="checkbox"/> | UTC |
| 17 | Burial Assets                | <input type="checkbox"/> | UTC |
| 18 | Transfer of Resources        | <input type="checkbox"/> | UTC |
| 19 | Summaries                    | <input type="checkbox"/> | UTC |
| 20 | Representative Payee         | <input type="checkbox"/> | UTC |
| 21 | Death of Material Individual | <input type="checkbox"/> | UTC |
| 22 | Potential Entitlement        | <input type="checkbox"/> | UTC |
| 23 | Fraud                        | <input type="checkbox"/> | UTC |
| 24 | Exclusions                   | <input type="checkbox"/> | UTC |

START-UP  
FORM

# PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

	SYSTEMS DATA	MATCH	INTERVIEW	EVIDENCE	PROVEN
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			SSN Determination	<input type="text"/>	<input type="text"/>
SI-PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			SSN Determination	<input type="text"/>	<input type="text"/>
ES-PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIN MENU

SI Tel-ID Screen

SI Payee ID Screen

ES Payee ID Screen

ADD REMARKS

COMPLETE

NEXT



# PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI	SI VERBAL IDENTIFICATION		
ES	SYSTEMS DATA	MATCH	INTERVIEW
Name		▼	
SSN		▼	
DOB		▼	
POB		▼	
Residence Address		▼	
Mailing Address		▼	
Other Information			

MAIN MENU

BACK

ADD REMARKS

# PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI	<b>ES VERBAL IDENTIFICATION</b>		
ES	SYSTEMS DATA	MATCH	INTERVIEW
Name		▼	
SSN		▼	
DOB		▼	
POB		▼	
Residence Address		▼	
Mailing Address		▼	
Other Information			

MAIN MENU

BACK

ADD REMARKS

# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  | Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE  
INFORMATION  
FOR  
SAMPLED  
INDIVIDUAL**

NON-ORGANIZATIONAL PAYEE			
	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PYE SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Information	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIN MENU

BACK

ADD REMARKS

ES Payee ID Screen

# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE  
INFORMATION  
FOR  
SAMPLED  
INDIVIDUAL**

### ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
EIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Org. Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIN MENU

BACK

ADD REMARKS

ES Payee ID Screen

# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE  
INFORMATION  
FOR  
ELIGIBLE  
SPOUSE**

### NON- ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PYE SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Information	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIN MENU

BACK

ADD REMARKS



# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

## ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
EIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Org. Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIN MENU

BACK

ADD REMARKS

# PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

## SYSTEMS DATA SI

## SYSTEMS DATA ES

DOB

FTH

DOB

FTH

POB

MTH

POB

MTH

Citizenship Code

Citizenship Code

SI

### SI's Name Propagates Here

ES

ALLEGED

VERIFIED

	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	<input type="text"/>
	POB Evidence	<input type="text"/>
	Document Number	<input type="text"/>
	Date Issued/ Recorded	<input type="text"/>
	Place Issued	<input type="text"/>

### SAMPLE INDIVIDUAL

### ELIGIBLE SPOUSE

DOB Determination

DOB Determination

US-Born Citizenship Determination

US-Born Citizenship Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI			SYSTEMS DATA ES		
DOB	<input type="text"/>	FTH	<input type="text"/>	DOB	<input type="text"/>
POB	<input type="text"/>	MTH	<input type="text"/>	POB	<input type="text"/>
Citizenship Code		<input type="text"/>	Citizenship Code		<input type="text"/>

SI	<b>ES's Name Propagates Here</b>	
ES	<b>ALLEGED</b>	<b>VERIFIED</b>
	Given Name	<input type="text"/>
	Date of Birth	<input type="text"/>
	Place Of Birth	<input type="text"/>
	Father's Name	<input type="text"/>
	Mother's Maiden Name	<input type="text"/>
	DOB Evidence	<input type="text"/>
	POB Evidence	<input type="text"/>
	Document Number	<input type="text"/>
	Date Issued/ Recorded	<input type="text"/>
	Place Issued	<input type="text"/>

SAMPLE INDIVIDUAL

ELIGIBLE SPOUSE

**DOB Determination**

**US-Born Citizenship Determination**

**DOB Determination**

**US-Born Citizenship Determination**

# NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

## SYSTEMS DATA

SI	POB	<input type="text"/>	AR Code	<input type="text"/>
ES	POB	<input type="text"/>	AR Code	<input type="text"/>

## My SSR / MSSICS Notes

SI

SI's Name Propagates Here

ES

### NATURALIZED CITIZEN

Type of Evidence	<input type="text"/>
Country of Birth	<input type="text"/>
Document Number	<input type="text"/>
Date of Issue	<input type="text"/>

### ALIEN STATUS

Type of Evidence	<input type="text"/>		
Country of Birth	<input type="text"/>		
Document Number	<input type="text"/>		
Date of Issue	<input type="text"/>		
Alien Number	<input type="text"/>	Card Number	<input type="text"/>
Expiration Date	<input type="text"/>		

SI Determination ES Determination 
[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
 COMPLETE

[NEXT](#)

# NATURALIZED CITIZEN / ALIEN STATUS

## SYSTEMS DATA

SI	POB	<input type="text"/>	AR Code	<input type="text"/>
ES	POB	<input type="text"/>	AR Code	<input type="text"/>

## My SSR / MSSICS Notes

SI

### ES's Name Propagates Here

ES

#### NATURALIZED CITIZEN

Type of Evidence	<input type="text"/>
Country of Birth	<input type="text"/>
Document Number	<input type="text"/>
Date of Issue	<input type="text"/>

#### ALIEN STATUS

Type of Evidence	<input type="text"/>		
Country of Birth	<input type="text"/>		
Document Number	<input type="text"/>		
Date of Issue	<input type="text"/>		
Alien Number	<input type="text"/>	Card Number	<input type="text"/>
Expiration Date	<input type="text"/>		

SI Determination

ES Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

## My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

SI	SI's Name Propagates Here	
ES	ALLEGED	VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Development Required?	
	Method of Travel	
	Method of Payment	
	Source of funds	
	Was the Ticket a Gift?	
	SI Determination	
	ES Determination	

[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
 COMPLETE

[NEXT](#)

# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

SI	<b>ES's Name Propagates Here</b>	
ES	<b>ALLEGED</b>	<b>VERIFIED</b>
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	<input type="text"/>
	Development Required?	<input type="text"/>
	Method of Travel	<input type="text"/>
	Method of Payment	<input type="text"/>
	Source of funds	<input type="text"/>
	Was the Ticket a Gift?	<input type="text"/>
	SI Determination	<input type="text"/>
	ES Determination	<input type="text"/>

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# MARRIAGE

ELEMENT 5

## SYSTEMS DATA

## My SSR / MSSICS Notes

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					

Holding Out

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex?

Does the SI's allegation match the SSR?

Since mm/dd/yyyy was the spouse eligible for SSI?

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM							
IM							
SM							

EVIDENCE TYPE

ISSUING ENTITY

PLACE ISSUED

DOCUMENT NUMBER

DATE ISSUED

DATE RECORDED

EVENT DATE

DETERMINATION

BM

IM

SM

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT



# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

<b>SM Residence Address</b>	<b>Match</b>	<b>Current Residence Address</b>	<b>ST and CO Codes</b>
	<input type="checkbox"/>		
<b>SM Mailing Address</b>	<b>Match</b>	<b>Current Mailing Address</b>	
	<input type="checkbox"/>		
<b>SM Telephone Number</b>	<b>Match</b>	<b>Current Telephone Number?</b>	<b>Alternate Telephone Number</b>
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as SM?  Residence Start Date
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

### LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# INSTITUTION

ELEMENT 6

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Name of Facility	
4		Type of Facility	
5		Facility Contact Information	
6		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	
		Total Charge	

Main LA Screen

ADD REMARKS

NEXT

# INSTITUTION

## ELEMENT 6

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			



# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		SM	IM
		BM	
		Medicaid Pays Over 50 %	
		Total Charge	



# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3		<input type="text"/>		Date of Admission	<input type="text"/>		
4		<input type="text"/>		Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Name of Facility	
4		Type of Facility	
5		Facility Contact Information	
6		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	
		Total Charge	

# INSTITUTION

## ELEMENT 6

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3		<input type="text"/>		Date of Admission	<input type="text"/>		
4		<input type="text"/>		Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Name of Facility	
4		Type of Facility	
5		Facility Contact Information	
6		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	
		Total Charge	

# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
	SM	IM	BM		SM	IM	BM
5				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
6				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>			3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	<input type="text"/>
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	<input type="text"/>
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	<input type="text"/> <input type="text"/> <input type="text"/>
		Total Charge	<input type="text"/> <input type="text"/> <input type="text"/>

# INSTITUTION

## ELEMENT 6

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
	SM	IM	BM		SM	IM	BM
5				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
6				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>			3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			



# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	
		Total Charge	

# INSTITUTION

## ELEMENT 6

1				Type of Contact	[Dropdown]		
2				Date of Contact	[Text]		
3		[Text]		Date of Admission	[Text]		
4		[Text]		Date of Discharge	[Text]		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	[Dropdown]	[Dropdown]	[Dropdown]
				Total Charge	[Text]	[Text]	[Text]
				SI's Payment Amount	[Text]	[Text]	[Text]
[Text]				3rd Party Payment Source(s)	[Text]		
				3rd Party Payment Amount	[Text]	[Text]	[Text]
				Excluded 3rd Party Amount	[Text]	[Text]	[Text]
				Countable ISM	[Text]	[Text]	[Text]
				<input type="checkbox"/> Infrequent/ Irregular			

# NON-INSTITUTIONAL CARE

ELEMENT 6

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	▼
6		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▼
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA  
Screen

ADD  
REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	<input type="text"/>
	# of Residents	<input type="text"/>
	Facility License #	<input type="text"/>
	Expiration Date	<input type="text"/>
	Facility Contact Information	<input type="text"/>
	Facility Rep. Name	<input type="text"/>
	Title of Contact	<input type="text"/>
	Type of Contact	<input type="text"/>
	Date of Contact	<input type="text"/>
	Date of Admission	<input type="text"/>
	Date of Discharge	<input type="text"/>
	Total Charge	<input type="text"/>
	SI's Payment Amount	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Name of Facility	
4		Type of Facility	<input type="text"/>
5		# of Residents	<input type="text"/>
6		Facility License #	<input type="text"/>
		Expiration Date	<input type="text"/>
		Facility Contact Information	<input type="text"/>
		Facility Rep. Name	<input type="text"/>
		Title of Contact	<input type="text"/>
		Type of Contact	<input type="text"/>
		Date of Contact	<input type="text"/>
		Date of Admission	<input type="text"/>
		Date of Discharge	<input type="text"/>
		Total Charge	<input type="text"/>
		SI's Payment Amount	<input type="text"/>

# NON-INSTITUTIONAL CARE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	▼
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT



# NON-INSTITUTIONAL CARE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

	Date Propagates Here	
	Residence Address	
	Name of Facility	
	Type of Facility	<input type="text"/>
	# of Residents	<input type="text"/>
	Facility License #	<input type="text"/>
	Expiration Date	<input type="text"/>
	Facility Contact Information	<input type="text"/>
	Facility Rep. Name	<input type="text"/>
	Title of Contact	<input type="text"/>
	Type of Contact	<input type="text"/>
	Date of Contact	<input type="text"/>
	Date of Admission	<input type="text"/>
	Date of Discharge	<input type="text"/>
	Total Charge	<input type="text"/>
	SI's Payment Amount	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	▼
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	



# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Acquisition Date	
4		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA  
Screen

ADD  
REMARKS

NEXT

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
Screen

ADD  
REMARKS

NEXT



# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# RENTAL LIABILITY

**SYSTEMS DATA**

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA  
Screen

ADD  
REMARKS

NEXT

# RENTAL LIABILITY

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

# RENTAL LIABILITY

ELEMENT 6

**SYSTEMS DATA**

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA  
ScreenADD  
REMARKS

NEXT

# RENTAL LIABILITY

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

# RENTAL LIABILITY

ELEMENT 6

**SYSTEMS DATA**

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Residence Begin Date	<input type="text"/>
5	<input type="text"/>	Residence End Date	<input type="text"/>
6	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
		Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
Screen

ADD  
REMARKS

NEXT



# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Residence Begin Date	<input type="text"/>
5	<input type="text"/>	Residence End Date	<input type="text"/>
6	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
		Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			<input type="text"/>
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Evidence	
4		SI eats all meals out?	
5		If NO, buy food separate from household?	
6			
		Amount	Amount Evidence
		SI/Deemor contribute toward household expenses?	
		SI's contribution Earmarked for Shelter	
		SI's contribution Earmarked for Food	
		VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address															
	Evidence															
	SI eats all meals out?															
	If NO, buy food separate from household?															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="width: 20%;">Amount</th> <th style="width: 40%;">Amount</th> <th style="width: 40%;">Evidence</th> </tr> </thead> <tbody> <tr> <td></td> <td>SI/Deemor contribute toward household expenses?</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Shelter</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Food</td> <td></td> </tr> <tr> <td></td> <td>VTR Applies?</td> <td></td> </tr> </tbody> </table>	Amount	Amount	Evidence		SI/Deemor contribute toward household expenses?			SI's contribution Earmarked for Shelter			SI's contribution Earmarked for Food			VTR Applies?	
Amount	Amount	Evidence														
	SI/Deemor contribute toward household expenses?															
	SI's contribution Earmarked for Shelter															
	SI's contribution Earmarked for Food															
	VTR Applies?															

### HH Expenses Summary

FOOD
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?	
--	------------------------	--

	If NO, buy food separate from household?	
--	--	--

Amount	Amount	Evidence
--------	--------	----------

	SI/Deemor contribute toward household expenses?	
--	---	--

	SI's contribution Earmarked for Shelter	
--	---	--

	SI's contribution Earmarked for Food	
	VTR Applies?	

HH Expenses Summary
FOOD
SHELTER
Total HH Exp
# of HH Memb

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address															
	Evidence															
	SI eats all meals out?															
	If NO, buy food separate from household?															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="width: 20%;">Amount</th> <th style="width: 40%;">Amount</th> <th style="width: 40%;">Evidence</th> </tr> </thead> <tbody> <tr> <td></td> <td>SI/Deemor contribute toward household expenses?</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Shelter</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Food</td> <td></td> </tr> <tr> <td></td> <td>VTR Applies?</td> <td></td> </tr> </tbody> </table>	Amount	Amount	Evidence		SI/Deemor contribute toward household expenses?			SI's contribution Earmarked for Shelter			SI's contribution Earmarked for Food			VTR Applies?	
Amount	Amount	Evidence														
	SI/Deemor contribute toward household expenses?															
	SI's contribution Earmarked for Shelter															
	SI's contribution Earmarked for Food															
	VTR Applies?															

### HH Expenses Summary

FOOD
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?		
--	------------------------	--	--

	If NO, buy food separate from household?		
--	--	--	--

Amount	SI/Deemor contribute toward household expenses?	Amount	Evidence
--------	---	--------	----------

	SI's contribution Earmarked for Shelter		
--	---	--	--

	SI's contribution Earmarked for Food		
--	--------------------------------------	--	--

	VTR Applies?		
--	--------------	--	--

### HH Expenses Summary

FOOD
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address															
	Evidence															
	SI eats all meals out?															
	If NO, buy food separate from household?															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="width: 20%;">Amount</th> <th style="width: 40%;">Amount</th> <th style="width: 40%;">Evidence</th> </tr> </thead> <tbody> <tr> <td></td> <td>SI/Deemor contribute toward household expenses?</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Shelter</td> <td></td> </tr> <tr> <td></td> <td>SI's contribution Earmarked for Food</td> <td></td> </tr> <tr> <td></td> <td>VTR Applies?</td> <td></td> </tr> </tbody> </table>	Amount	Amount	Evidence		SI/Deemor contribute toward household expenses?			SI's contribution Earmarked for Shelter			SI's contribution Earmarked for Food			VTR Applies?	
Amount	Amount	Evidence														
	SI/Deemor contribute toward household expenses?															
	SI's contribution Earmarked for Shelter															
	SI's contribution Earmarked for Food															
	VTR Applies?															

### HH Expenses Summary

FOOD
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT



# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	<input type="text"/>
4		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular
5		Evidence	<input type="text"/>
<b>ALLEGED</b>		<b>SOURCE 3</b>	
6		VERIFIED	
	FROM	TO	FROM TO
	<input type="text"/>	<input type="text"/>	Period <input type="text"/>
	<input type="text"/>	<input type="text"/>	Type of Assistance <input type="text"/>
	Source Contact Information <input type="text"/>		
		Amount	<input type="text"/>
		Countable?	<input type="checkbox"/>
		If no, Reason	<input type="text"/>
		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular
		Evidence	<input type="text"/>
	Total Number of Sources	<input type="text"/>	Additional <input type="text"/>
			Total Number of Sources <input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			Additional			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
			SM	IM	BM			
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>		Source Contact Information	<input type="text"/>		
6			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		Source Contact Information	<input type="text"/>		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	<input type="text"/>
4		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular
5		Evidence	<input type="text"/>
<b>SOURCE 3</b>			
<b>ALLEGED</b>		<b>VERIFIED</b>	
6	FROM	TO	FROM TO
	<input type="text"/>	<input type="text"/>	Period
	<input type="text"/>	<input type="text"/>	Type of Assistance
	Source Contact Information		
	<input type="text"/>	Amount	
		Countable?	<input type="checkbox"/>
		If no, Reason	<input type="text"/>
		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular
		Evidence	<input type="text"/>
	Total Number of Sources	<input type="text"/>	Additional
		<input type="text"/>	Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

ALLEGED		SOURCE 3		VERIFIED									
FROM	TO	FROM	TO	FROM	TO								
		Period											
		Type of Assistance											
		Source Contact Information											
		Amount											
		Countable?											
		If no, Reason											
		If yes, CMV		<input type="checkbox"/> Infrequent or Irregular									
		Evidence											
Total Number of Sources		Additional	Total Number of Sources										
<p><b>Verified Countable Assistance From Additional Sources</b></p> <table border="1"> <thead> <tr> <th></th> <th>SM</th> <th>IM</th> <th>BM</th> </tr> </thead> <tbody> <tr> <td>Current Market Value</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							SM	IM	BM	Current Market Value			
	SM	IM	BM										
Current Market Value													

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?				
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>	
3	FROM	TO	Period	FROM	TO
4			Type of Assistance		
5	Source Contact Information				
6		Amount	Countable?		
			If no, Reason		
			If yes, CMV	<input type="checkbox"/> Infrequent or Irregular	
			Evidence		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>	
	FROM	TO	Period	FROM	TO
			Type of Assistance		
	Source Contact Information				

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<input type="text"/>	Amount	<input type="text"/>			
2		Countable?	<input type="text"/>			
3		If no, Reason	<input type="text"/>			
4		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular			
5		Evidence	<input type="text"/>			
6	<b>ALLEGED</b>		<b>SOURCE 3</b>		<b>VERIFIED</b>	
	FROM	TO	FROM	TO		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>
	Source Contact Information		<input type="text"/>			
	<input type="text"/>	Amount	<input type="text"/>			
		Countable?	<input type="text"/>			
		If no, Reason	<input type="text"/>			
		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular			
		Evidence	<input type="text"/>			
	Total Number of Sources <input type="text"/>		Additional <input type="text"/>		Total Number of Sources <input type="text"/>	

Main LA Screen

ADD REMARKS

NEXT



# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1

2

3

4

5

6

ALLEGED		SOURCE 3		VERIFIED	
FROM	TO	FROM	TO	FROM	TO
		Period			
		Type of Assistance			
		Source Contact Information			
		Amount			
		Countable?			
		If no, Reason			
		If yes, CMV		<input type="checkbox"/> Infrequent or Irregular	
		Evidence			
Total Number of Sources		Additional			Total Number of Sources

### Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? <span style="float: right;">▼</span>				
2	<b>ALLEGED SOURCE 1 VERIFIED</b>				
3	FROM	TO	Period	FROM	TO
4			Type of Assistance		
5			Source Contact Information		
6			Amount		
			Countable?	▼	
			If no, Reason	▼	
			If yes, CMV	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	▼	
	<b>ALLEGED SOURCE 2 VERIFIED</b>				
	FROM	TO	Period	FROM	TO
			Type of Assistance		
			Source Contact Information		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount		
2		Countable?	<input type="checkbox"/>	
3		If no, Reason	<input type="text"/>	
4		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular	
5		Evidence	<input type="text"/>	
6	<b>SOURCE 3</b>			
	<b>ALLEGED</b>		<b>VERIFIED</b>	
	FROM	TO	FROM	TO
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Period		<input type="text"/>	<input type="text"/>
	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>
	Source Contact Information			
	Amount		<input type="text"/>	<input type="text"/>
	Countable?		<input type="checkbox"/>	<input type="checkbox"/>
	If no, Reason		<input type="text"/>	<input type="text"/>
	If yes, CMV		<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular
	Evidence		<input type="text"/>	<input type="text"/>
	Total Number of Sources	<input type="text"/>	Additional	<input type="text"/>
			Total Number of Sources	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			<b>Additional</b>			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
			SM	IM	BM			
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount		
2		Countable?	▼	
3		If no, Reason	▼	
4		If yes, CMV		<input type="checkbox"/> Infrequent or Irregular
5		Evidence	▼	
6	ALLEGED                      SOURCE 3                      VERIFIED			
	FROM	TO	FROM	TO
			Period	
	▼		Type of Assistance	▼
			Source Contact Information	
		Amount		
		Countable?	▼	
		If no, Reason	▼	
		If yes, CMV		<input type="checkbox"/> Infrequent or Irregular
		Evidence	▼	
	Total Number of Sources		Additional	
	Total Number of Sources			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			Additional			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
		SM	IM	BM				
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT



# TRANSIENTS

## SYSTEMS DATA

CG Field Codes

1		Amount				
2		Countable?	<input type="checkbox"/>			
3		If no, Reason				
4		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular			
5		Evidence				
6	<b>ALLEGED</b>		<b>SOURCE 3</b>		<b>VERIFIED</b>	
	FROM	TO	FROM	TO		
			Period			
			Type of Assistance			
	Source Contact Information					
		Amount				
		Countable?	<input type="checkbox"/>			
		If no, Reason				
		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular			
		Evidence				
	Total Number of Sources			Additional		
				Total Number of Sources		

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			Additional			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
			SM	IM	BM			
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT

# HOUSEHOLD COMPOSITION

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

2=THIS HOUSEHOLD MEMBER RENTS

3

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

4

All PA Household

5

6

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT

# HOUSEHOLD COMPOSITION

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

3

All PA Household

4

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
5								<input type="checkbox"/>
6	1							<input type="checkbox"/>
	2							<input type="checkbox"/>
	3							<input type="checkbox"/>
	4							<input type="checkbox"/>
	5							<input type="checkbox"/>
	6							<input type="checkbox"/>
	7							<input type="checkbox"/>
	8							<input type="checkbox"/>
	9							<input type="checkbox"/>
	10							<input type="checkbox"/>
	11							<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT



# HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

1

**Living Arrangement Basis as of mm/dd/yyyy**

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								<input type="checkbox"/>
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
9								<input type="checkbox"/>
10								<input type="checkbox"/>
11								<input type="checkbox"/>

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here

MI-1

No Material Individuals in the review period

MI-2 Name Propagated Here

MI-2

Main LA Screen

ADD REMARKS

Establish the IC

NEXT





Use this screen to establish or identify the names of the Ineligible Children. These names will display on the income screens throughout the form.

IC-1	<input type="text"/>
IC-2	<input type="text"/>
IC-3	<input type="text"/>
IC-4	<input type="text"/>
IC-5	<input type="text"/>

CLOSE

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			▼
5		RENT			▼
6		MORTGAGE			▼
		PROPERTY INSURANCE			▼
		PROPERTY TAX			▼
		HEATING/ FUEL			▼
		GAS			▼
		ELECTRICITY			▼
		WATER			▼
		SEWER			▼
		GARBAGE REMOVAL			▼
		TOTAL			
	▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼	
		Unstated income suspected?	▼		

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			▼
5		RENT			▼
6		MORTGAGE			▼
		PROPERTY INSURANCE			▼
		PROPERTY TAX			▼
		HEATING/ FUEL			▼
		GAS			▼
		ELECTRICITY			▼
		WATER			▼
		SEWER			▼
		GARBAGE REMOVAL			▼
		TOTAL			
	▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼	
		Unstated income suspected?	▼		

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			
5		RENT			
6		MORTGAGE			
		PROPERTY INSURANCE			
		PROPERTY TAX			
		HEATING/ FUEL			
		GAS			
		ELECTRICITY			
		WATER			
		SEWER			
		GARBAGE REMOVAL			
		TOTAL			
		Does the SI have a loan agreement regarding HH expenses?			
		Unstated income suspected?			

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

## ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			▼
5		RENT			▼
6		MORTGAGE			▼
		PROPERTY INSURANCE			▼
		PROPERTY TAX			▼
		HEATING/ FUEL			▼
		GAS			▼
		ELECTRICITY			▼
		WATER			▼
		SEWER			▼
		GARBAGE REMOVAL			▼
		TOTAL			
	▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼	
		Unstated income suspected?	▼		

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			
5		RENT			
6		MORTGAGE			
		PROPERTY INSURANCE			
		PROPERTY TAX			
		HEATING/ FUEL			
		GAS			
		ELECTRICITY			
		WATER			
		SEWER			
		GARBAGE REMOVAL			
		TOTAL			
		Does the SI have a loan agreement regarding HH expenses?			
		Unstated income suspected?			

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

## ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

<b>Residence Address</b>		<b>AVERAGING PERIOD:</b>	<b>FROM</b>	<b>TO</b>

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

[Main LA  
Screen](#)[ADD  
REMARKS](#)[NEXT](#)



# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA  
ScreenADD  
REMARKS

NEXT

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

[Main LA  
Screen](#)[ADD  
REMARKS](#)[NEXT](#)

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

Residence Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

3

4

5

6

Residence Address

**Development of OSS Field Allegation**

OSS development remarks

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA  
ScreenADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1	Residence Address																													
2																														
3	<b>OUTSIDE ISM</b>																													
4	Does the SI/MI receive contributions from outside the household?	<input type="checkbox"/>	<input type="checkbox"/> Override																											
5	Does contribution benefit the SI only?	<input type="checkbox"/>																												
6	<table border="1"> <thead> <tr> <th>ALLEGED</th> <th>Date Propagates Here</th> <th>VERIFIED</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Type of ISM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amount</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Source</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Source Contact Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td># of HH members</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Is ISM Countable?</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>If no, reason</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Countable ISM Amount</td> <td><input type="checkbox"/> Infrequent or Irregular</td> </tr> </tbody> </table>			ALLEGED	Date Propagates Here	VERIFIED	<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>	<input type="checkbox"/>	Amount	<input type="checkbox"/>	<input type="checkbox"/>	Source	<input type="checkbox"/>	<input type="checkbox"/>	Source Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	# of HH members	<input type="checkbox"/>	<input type="checkbox"/>	Is ISM Countable?	<input type="checkbox"/>	<input type="checkbox"/>	If no, reason	<input type="checkbox"/>	<input type="checkbox"/>	Countable ISM Amount	<input type="checkbox"/> Infrequent or Irregular
ALLEGED	Date Propagates Here	VERIFIED																												
<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>																												
<input type="checkbox"/>	Amount	<input type="checkbox"/>																												
<input type="checkbox"/>	Source	<input type="checkbox"/>																												
<input type="checkbox"/>	Source Contact Information	<input type="checkbox"/>																												
<input type="checkbox"/>	# of HH members	<input type="checkbox"/>																												
<input type="checkbox"/>	Is ISM Countable?	<input type="checkbox"/>																												
<input type="checkbox"/>	If no, reason	<input type="checkbox"/>																												
<input type="checkbox"/>	Countable ISM Amount	<input type="checkbox"/> Infrequent or Irregular																												
	<b>INSIDE ISM</b>																													
	Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE																													

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				
4				
5				
6				

Total Contributions

Household Expenses

Excess Income

Infrequent or Irregular

  

# of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

Infrequent or Irregular

**ISM TO ONE PERSON**

ALLEGED	Date Propagates Here	VERIFIED
<input type="text"/>	Type of contribution <input type="text"/>	<input type="text"/>
Contributor's Name(s) <input type="text"/>		<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					<input type="checkbox"/> Infrequent or Irregular
2					
3					
4					
5					
6					

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
Contributor's Name(s)		
Contributor's Contact Information		
Recipient		
Amount		
Countable Amount		

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

Residence  
Address

2

3

### OUTSIDE ISM

4

Does the SI/MI receive contributions from outside the household?   Override

5

Does contribution benefit the SI only? 

6

ALLEGED

Date Propagates Here

VERIFIED

Type of ISM

Amount

Source

Source Contact  
Information

# of HH members

Is ISM Countable?

If no, reason

Countable ISM Amount

 Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA  
ScreenADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				
4				
5				
6				

Total Contributions

Household Expenses

Excess Income

Infrequent or Irregular

  

# of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

Infrequent or Irregular

**ISM TO ONE PERSON**

ALLEGED	Date Propagates Here	VERIFIED
<input type="text"/>	Type of contribution <input type="text"/>	<input type="text"/>
<input type="text"/>	Contributor's Name(s) <input type="text"/>	



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					<input type="checkbox"/> Infrequent or Irregular
2					
3					
4					
5					
6					

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1	Residence Address																													
2																														
3	<b>OUTSIDE ISM</b>																													
4	Does the SI/MI receive contributions from outside the household?	<input type="checkbox"/>	<input type="checkbox"/> Override																											
5	Does contribution benefit the SI only?	<input type="checkbox"/>																												
6	<table border="1"> <thead> <tr> <th>ALLEGED</th> <th>Date Propagates Here</th> <th>VERIFIED</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Type of ISM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amount</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Source</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Source Contact Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td># of HH members</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Is ISM Countable?</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>If no, reason</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Countable ISM Amount</td> <td><input type="checkbox"/> Infrequent or Irregular</td> </tr> </tbody> </table>			ALLEGED	Date Propagates Here	VERIFIED	<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>	<input type="checkbox"/>	Amount	<input type="checkbox"/>	<input type="checkbox"/>	Source	<input type="checkbox"/>	<input type="checkbox"/>	Source Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	# of HH members	<input type="checkbox"/>	<input type="checkbox"/>	Is ISM Countable?	<input type="checkbox"/>	<input type="checkbox"/>	If no, reason	<input type="checkbox"/>	<input type="checkbox"/>	Countable ISM Amount	<input type="checkbox"/> Infrequent or Irregular
ALLEGED	Date Propagates Here	VERIFIED																												
<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>																												
<input type="checkbox"/>	Amount	<input type="checkbox"/>																												
<input type="checkbox"/>	Source	<input type="checkbox"/>																												
<input type="checkbox"/>	Source Contact Information	<input type="checkbox"/>																												
<input type="checkbox"/>	# of HH members	<input type="checkbox"/>																												
<input type="checkbox"/>	Is ISM Countable?	<input type="checkbox"/>																												
<input type="checkbox"/>	If no, reason	<input type="checkbox"/>																												
<input type="checkbox"/>	Countable ISM Amount	<input type="checkbox"/> Infrequent or Irregular																												
	<b>INSIDE ISM</b>																													
	Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE																													

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				
4				
5				
6				

Total Contributions

Household Expenses

Excess Income

Infrequent or Irregular

# of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

Infrequent or Irregular

ISM TO ONE PERSON		
ALLEGED	Date Propagates Here	VERIFIED
<input type="text"/>	Type of contribution <input type="text"/>	<input type="text"/>
Contributor's Name(s) <input type="text"/>		

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					
2					
3					
4					
5					
6					

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED      Date Propagates Here      VERIFIED

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

### OUTSIDE ISM

Does the SI/MI receive contributions from outside the household?

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

<input type="text"/>	Type of ISM	<input type="text"/>
----------------------	-------------	----------------------

<input type="text"/>	Amount	<input type="text"/>
----------------------	--------	----------------------

<input type="text"/>	Source	<input type="text"/>
----------------------	--------	----------------------

<input type="text"/>	Source Contact Information	<input type="text"/>
----------------------	----------------------------	----------------------

<input type="text"/>	# of HH members	<input type="text"/>
----------------------	-----------------	----------------------

<input type="text"/>	Is ISM Countable?	<input type="text"/>
----------------------	-------------------	----------------------

<input type="text"/>	If no, reason	<input type="text"/>
----------------------	---------------	----------------------

<input type="text"/>	Countable ISM Amount	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular
----------------------	----------------------	----------------------	--

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				
4				
5				
6				

Total Contributions	
Household Expenses	
Excess Income	

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
<input type="checkbox"/>	Type of contribution	<input type="checkbox"/>
<input type="checkbox"/>	Contributor's Name(s)	<input type="checkbox"/>

Main LA Screen

ADD REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					
2					
3					
4					
5					
6					

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED      Date Propagates Here      VERIFIED

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1	Residence Address																												
2																													
3	<b>OUTSIDE ISM</b>																												
4	Does the SI/MI receive contributions from outside the household?	<input type="text"/>																											
5	Does contribution benefit the SI only?	<input type="text"/>																											
6	<table border="1"> <thead> <tr> <th>ALLEGED</th> <th>Date Propagates Here</th> <th>VERIFIED</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>Type of ISM</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Amount</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Source</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Source Contact Information</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td># of HH members</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Is ISM Countable?</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>If no, reason</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Countable ISM Amount</td> <td><input type="text"/> <input type="checkbox"/> Infrequent or Irregular</td> </tr> </tbody> </table>		ALLEGED	Date Propagates Here	VERIFIED	<input type="text"/>	Type of ISM	<input type="text"/>		Amount	<input type="text"/>		Source	<input type="text"/>		Source Contact Information	<input type="text"/>		# of HH members	<input type="text"/>		Is ISM Countable?	<input type="text"/>		If no, reason	<input type="text"/>		Countable ISM Amount	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular
ALLEGED	Date Propagates Here	VERIFIED																											
<input type="text"/>	Type of ISM	<input type="text"/>																											
	Amount	<input type="text"/>																											
	Source	<input type="text"/>																											
	Source Contact Information	<input type="text"/>																											
	# of HH members	<input type="text"/>																											
	Is ISM Countable?	<input type="text"/>																											
	If no, reason	<input type="text"/>																											
	Countable ISM Amount	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular																											
	<b>INSIDE ISM</b>																												
	Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE																												

Main LA  
ScreenADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
Does contribution benefit SI only?

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				▼
4				▼
5				▼
6				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼

Total Contributions	
Household Expenses	
Excess Income	
<input type="checkbox"/> Infrequent or Irregular	

  

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	
<input type="checkbox"/> Infrequent or Irregular	

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	<div style="display: flex; justify-content: space-between;"> <span>Type of contribution</span> <span style="border: 1px solid gray; padding: 0 5px;">  </span> </div>	
	Contributor's Name(s)	

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					▼
2					▼
3					▼
4					▼
5					▼
6					▼
					▼

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA  
Screen

ADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Residence Address

2

### OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6	ALLEGED	Date Propagates Here	VERIFIED
	<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>
		Amount	<input type="text"/>
		Source	<input type="text"/>
		Source Contact Information	<input type="text"/>
		# of HH members	<input type="text"/>
		Is ISM Countable?	<input type="checkbox"/>
		If no, reason	<input type="text"/>
		Countable ISM Amount	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA  
Screen

ADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

Does contribution benefit SI only?

  

2	Household Member	Amount Alleged	Amount Verified	Evidence
3				▼
4				▼
5				▼
6				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼

<b>Total Contributions</b>	
<b>Household Expenses</b>	
<b>Excess Income</b>	
<input type="checkbox"/> <b>Infrequent or Irregular</b>	

  

<b># of HH members</b>	
<b>Pro-Rata Share</b>	
<b>SI's Contribution</b>	
<b>Countable ISM Amount</b>	
<input type="checkbox"/> <b>Infrequent or Irregular</b>	

**ISM TO ONE PERSON**

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
Contributor's Name(s)		

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					<input type="checkbox"/> Infrequent or Irregular
2					
3					
4					
5					
6					

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED      Date Propagates Here      VERIFIED

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# ADDRESS HISTORY

ELEMENT 6

Residence 1

Change Since mm/dd/yyyy?

Date of change

Type

Residence 2

Change Since mm/dd/yyyy?

Date of change

Type

Residence 3

Change Since mm/dd/yyyy?

Date of change

Type

Residence 4

Change Since mm/dd/yyyy?

Date of change

Type

Residence 5

Change Since mm/dd/yyyy?

Date of change

Type

Residence 6

Change Since mm/dd/yyyy?

Date of change

Type

[Main LA Screen](#)[BACK](#)



# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence  
Address

3

Residence Type

4

Has the SI's residence , household composition, or expenses, or  
ISM, or PA status changed since mm/dd/yyyy?

5

If yes, date of change?

6

Main LA  
ScreenADD  
REMARKSADDR  
HISTORY

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT



# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT



# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence  
Address

3

Residence Type

4

Has the SI's residence , household composition, or expenses, or  
ISM, or PA status changed since mm/dd/yyyy?

5

If yes, date of change?

6

Main LA  
Screen

ADD  
REMARKS

ADDR  
HISTORY

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

BM

## SYSTEMS DATA

IM

SI-Fed- LA Codes

SM

SI-OSS- LA Codes

J/ H Income Amount

BM iteration

Residence Date

Residence Address

Basis for Federal LA

FLA

OSS

Flat Fee Amount

Rent Amount

Current Market Rental Value

Food expense

Shelter expenses

Total HH expenses

Number of HH members

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

**BM**

FLA

OSS

ISM

**IM**

FLA

OSS

ISM

**SM**

FLA

OSS

ISM

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

<b>BM</b>	Other HH member's contribution	<input type="text"/>		
<b>IM</b>		FOOD	SHELTER	FOOD/SHELTER
<b>SM</b>	SI's contribution	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SI's Pro Rata Share	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Federal Benefit Rate (BM)	<input type="text"/>		
	Inside ISM	<input type="text"/>		
	Outside ISM	<input type="text"/>		
	ISM to one	<input type="text"/>		
	Transient ISM	<input type="text"/>		
	Institutional ISM	<input type="text"/>		
	Proration Applies?	<input type="text"/>		

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT



# LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Federal Benefit Rate (BM)	<input type="text"/>
Inside ISM	<input type="text"/>
Outside ISM	<input type="text"/>
ISM to one	<input type="text"/>
Transient ISM	<input type="text"/>
Institutional ISM	<input type="text"/>
Proration Applies?	<input type="text"/>

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

BM

## SYSTEMS DATA

IM

SI-Fed- LA Codes

SM

SI-OSS- LA Codes

J/ H Income Amount

IM iteration

Residence Date

Residence Address

Basis for Federal LA

FLA

OSS

Flat Fee Amount

Rent Amount

Current Market Rental Value

Food expense

Shelter expenses

Total HH expenses

Number of HH members

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

**BM**

FLA

OSS

ISM

**IM**

FLA

OSS

ISM

**SM**

FLA

OSS

ISM

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

<b>BM</b>	Other HH member's contribution	<input type="text"/>		
<b>IM</b>		FOOD	SHELTER	FOOD/SHELTER
<b>SM</b>	SI's contribution	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SI's Pro Rata Share	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Federal Benefit Rate (BM)	<input type="text"/>		
	Inside ISM	<input type="text"/>		
	Outside ISM	<input type="text"/>		
	ISM to one	<input type="text"/>		
	Transient ISM	<input type="text"/>		
	Institutional ISM	<input type="text"/>		
	Proration Applies?	<input type="text"/>		

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination




Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

BM  
IM  
SM

Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM	
ISM to one	
Transient ISM	
Institutional ISM	
Proration Applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

### Living Arrangement codes and ISM

#### BM

FLA	
OSS	
ISM	

#### IM

FLA	
OSS	
ISM	

#### SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

BM  
IM  
SM

## SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM iteration

Residence Date

Residence Address

Basis for Federal LA

FLA

OSS

Flat Fee Amount

Rent Amount

Current Market Rental Value

Food expense

Shelter expenses

Total HH expenses

Number of HH members

### Living Arrangement codes and ISM

#### BM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

#### IM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

#### SM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

<b>BM</b>	Other HH member's contribution	<input type="text"/>		
<b>IM</b>		FOOD	SHELTER	FOOD/SHELTER
<b>SM</b>	SI's contribution	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SI's Pro Rata Share	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Federal Benefit Rate (BM)	<input type="text"/>		
	Inside ISM	<input type="text"/>		
	Outside ISM	<input type="text"/>		
	ISM to one	<input type="text"/>		
	Transient ISM	<input type="text"/>		
	Institutional ISM	<input type="text"/>		
	Proration Applies?	<input type="text"/>		

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

**SM FLA Determination**

**SM FLA ISM Determination**

**SM OSS Determination**

**Living Arrangement codes and ISM**

**BM**

FLA

OSS

ISM

**IM**

FLA

OSS

ISM

**SM**

FLA

OSS

ISM

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM**

Federal Benefit Rate (BM)	<input type="text"/>
Inside ISM	<input type="text"/>
Outside ISM	<input type="text"/>
ISM to one	<input type="text"/>
Transient ISM	<input type="text"/>
Institutional ISM	<input type="text"/>
Proration Applies?	<input type="text" value=""/>

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# SELF-EMPLOYMENT

## SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

## My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

For the previous or current tax year, have the SI/MI/IC been self-employed?  Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year?  Override

Indicate who earned or expects to earn income from self-employment

SI  
  MI-1  
  MI-2  
  IC-1  
  IC-2  
  IC-3  
  IC-4  
  IC-5

Override  
 SI  
 MI-1  
 MI-2  
 IC-1  
 IC-2  
 IC-3  
 IC-4  
 IC-5

Determination

MAIN MENU

PREVIOUS

List of ICs by Name

ADD REMARKS

View Summary

COMPLETE

NEXT



# SELF-EMPLOYMENT

## ELEMENT 7

SI	<b>SI's Name Propagates Here</b>															
MI-1	<b>ALLEGED</b>					<b>VERIFIED</b>										
MI-2						Type of Business										
IC-1						Gross income last year										
IC-2						Net income last year										
IC-3						Gross income this year										
IC-4						Net income this year										
IC-5	SM	IM	BM				SM	IM	BM							
						Net SE Profit										
						Net SE Loss										
						Evidence										
	<b>ALLEGED</b>					<b>Deductions/ Exclusions</b>					<b>VERIFIED</b>					
						Student Earned Income										
						IRWE										
						BWE										
						Court-Ordered Pymnts										
						PASS										
						OTHER										
	Was the SI a Student during the Review Period?															

Total SEI  
**SI**

SM

IM

BM

Total SEI  
**MI-1**

SM

IM

BM

Total SEI  
**MI-2**

SM

IM

BM

# SELF-EMPLOYMENT

ELEMENT 7

SI	<b>MI-1's Name Propagates Here</b>											
MI-1	<b>ALLEGED</b>					<b>VERIFIED</b>						
MI-2	Type of Business											
IC-1	Gross income last year											
IC-2	Net income last year											
IC-3	Gross income this year											
IC-4	Net income this year											
IC-5	SM	IM	BM				SM	IM	BM			
	Net SE Profit											
	Net SE Loss											
	Evidence											
	<b>ALLEGED</b>					<b>Deductions/ Exclusions</b>					<b>VERIFIED</b>	
						Student Earned Income						
						IRWE						
						BWE						
						Court-Ordered Pymnts						
						PASS						
						OTHER						
	Was the MI1 a Student during the Review Period?											

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

## ELEMENT 7

SI	<b>MI-2's Name Propagates Here</b>										
MI-1	<b>ALLEGED</b>					<b>VERIFIED</b>					
MI-2						Type of Business					
IC-1						Gross income last year					
IC-2						Net income last year					
IC-3						Gross income this year					
IC-4						Net income this year					
IC-5	SM	IM	BM				SM	IM	BM		
						Net SE Profit					
						Net SE Loss					
						Evidence					
	<b>ALLEGED</b>					<b>Deductions/ Exclusions</b>			<b>VERIFIED</b>		
						Student Earned Income					
						IRWE					
						BWE					
						Court-Ordered Pymnts					
						PASS					
						OTHER					
	Was the MI2 a Student during the Review Period?										

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT



# SELF-EMPLOYMENT

SI	IC(1)'s Name Propagates Here									
MI-1	ALLEGED					VERIFIED				
MI-2						Type of Business				
IC-1						Gross income last year				
IC-2						Net income last year				
IC-3						Gross income this year				
IC-4						Net income this year				
IC-4	SM	IM	BM				SM	IM	BM	
IC-5						Net SE Profit				
					Net SE Loss					
					Evidence					
					Deductions/ Exclusions					
					Student Earned Income					
					Court-Ordered Pymnts					
					PASS					
					OTHER					
										Was the IC a Student during the Review Period?

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

SI	IC(2)'s Name Propagates Here						
MI-1	ALLEGED			VERIFIED			
MI-2				Type of Business			
IC-1				Gross income last year			
IC-2				Net income last year			
IC-3				Gross income this year			
IC-4	SM	IM	BM		SM	IM	BM
IC-5				Net SE Profit			
				Net SE Loss			
				Evidence			
	ALLEGED			Deductions/ Exclusions	VERIFIED		
				Student Earned Income			
				Court-Ordered Pymnts			
				PASS			
				OTHER			
	Was the IC a Student during the Review Period?						

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

SI	IC(3)'s Name Propagates Here											
MI-1	ALLEGED					VERIFIED						
MI-2						Type of Business						
IC-1						Gross income last year						
IC-2						Net income last year						
IC-3						Gross income this year						
IC-4						Net income this year						
IC-5	SM	IM	BM				SM	IM	BM			
						Net SE Profit						
						Net SE Loss						
						Evidence						
	ALLEGED					Deductions/ Exclusions					VERIFIED	
						Student Earned Income						
						Court-Ordered Pymnts						
						PASS						
						OTHER						
	Was the IC a Student during the Review Period?											

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

SI	IC(4)'s Name Propagates Here															
MI-1	ALLEGED					VERIFIED										
MI-2						Type of Business										
IC-1						Gross income last year										
IC-2						Net income last year										
IC-3						Gross income this year										
IC-4						Net income this year										
IC-5	SM	IM	BM				SM	IM	BM							
				Net SE Profit												
				Net SE Loss												
				Evidence												
	ALLEGED					Deductions/ Exclusions					VERIFIED					
						Student Earned Income										
						Court-Ordered Pymnts										
						PASS										
						OTHER										
	Was the IC a Student during the Review Period?															

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

# SELF-EMPLOYMENT

ELEMENT 7

SI	IC(5)'s Name Propagates Here															
MI-1	ALLEGED					VERIFIED										
MI-2						Type of Business										
IC-1						Gross income last year										
IC-2						Net income last year										
IC-3						Gross income this year										
IC-4						Net income this year										
IC-4	SM	IM	BM				SM	IM	BM							
IC-5						Net SE Profit										
IC-5						Net SE Loss										
IC-5						Evidence										
IC-5	ALLEGED					Deductions/ Exclusions					VERIFIED					
IC-5						Student Earned Income										
IC-5						Court-Ordered Pymnts										
IC-5						PASS										
IC-5						OTHER										
IC-5	Was the IC a Student during the Review Period?															

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT



# WAGES

## ELEMENT 8

### SYSTEMS DATA

	SM	IM	BM	SY
SI				
MI-1				
MI-2				

### My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

Have the SI/MI/IC earned wages since mm/dd/yyyy   Override

Indicate who earned wages	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Was there Telephone Wage Reporting in the SM?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was there Monthly Wage Reporting in the SM?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Determination

# WAGES

## ELEMENT 8

SI	SI's Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5					
			SM	IM	BM
		Gross Wages			
		Evidence			
	ALLEGED		Deductions/ Exclusions		VERIFIED
		▼	Cafeteria Plan		
			Student Earned Income		
		▼	IRWE		
		▼	BWE		
		▼	Court-Ordered Payments		
		▼	PASS		

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED</b>		<b>Employer 2</b>	<b>VERIFIED</b>	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED</b>		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>	
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

Was the SI a Student during the Review Period?

Total Number of Employers 
Additional

 Total Number of Employers

**Verified Wage Details for Additional Employers**

	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductions/ Exclusions			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
BWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

**BACK**

**Student Status**

**ADD REMARKS**

**View Summary**

**NEXT**

# WAGES

## ELEMENT 8

SI	<b>MI-1's Name Propagates Here</b>				
MI-1	<b>ALLEGED</b>		<b>Employer 1</b>		<b>VERIFIED</b>
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
					SM    IM    BM
			Gross Wages		
			Evidence		
	<b>ALLEGED</b>		<b>Deductions/ Exclusions</b>		<b>VERIFIED</b>
			Cafeteria Plan		
			Student Earned Income		
			IRWE		
			BWE		
			Court-Ordered Payments		
			PASS		

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED</b>		<b>Employer 2</b>	<b>VERIFIED</b>	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED</b>		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>	
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

		OTHER			
Was the SI a Student during the Review Period? <input type="checkbox"/>					
Total Number of Employers <input type="text"/>		Additional		Total Number of Employers <input type="text"/>	
Verified Wage Details for Additional Employers					
		SM	IM	BM	
Gross Wages		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Deductions/ Exclusions					
Cafeteria Plan		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student Earned Income		<input type="text"/>	<input type="text"/>	<input type="text"/>	
IRWE		<input type="text"/>	<input type="text"/>	<input type="text"/>	
BWE		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Court-Ordered Payments		<input type="text"/>	<input type="text"/>	<input type="text"/>	
PASS		<input type="text"/>	<input type="text"/>	<input type="text"/>	
OTHER		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Total Gross Wages

SI

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

Total Gross Wages

MI-1

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

Total Gross Wages

MI-2

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	MI-2's Name Propagates Here				
MI-1	ALLEGED	Employer 1		VERIFIED	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date	SM	IM	BM
		Gross Wages			
		Evidence			
	ALLEGED	Deductions/ Exclusions		VERIFIED	
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT



# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED</b>		<b>Employer 2</b>	<b>VERIFIED</b>	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED</b>		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>	
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers  **Additional**  Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductions/ Exclusions			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
BWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Gross Wages**

**SI**

SM

IM

BM

---

**Total Gross Wages**

**MI-1**

SM

IM

BM

---

**Total Gross Wages**

**MI-2**

SM

IM

BM

**BACK**

**Student Status**

**ADD REMARKS**

**View Summary**

**NEXT**

# WAGES

## ELEMENT 8

SI	IC(1)'s Name Propagates Here					
MI-1	ALLEGED		Employer 1		VERIFIED	
MI-2			Employer Name			
IC-1			Employer Contact Information			
IC-2			Date Began			
IC-3			Date Ended			
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5			Pay Date			
				SM	IM	BM
			Gross Wages			
			Evidence			
		ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan			
		Student Earned Income				
			Court-Ordered Payments			
			OTHER			
Was the IC a Student during the Review Period?						

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED																														
MI-1		Cafeteria Plan																															
MI-2		Student Earned Income																															
IC-1		Court-Ordered Payments																															
IC-2		OTHER																															
IC-2	Was the IC a Student during the Review Period?																																
IC-3	Total Number of Employers	Additional	Total Number of Employers																														
IC-4	<div style="background-color: #90EE90; padding: 5px; text-align: center;"> <b>Verified Wage Details for Additional Employers</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>SM</th> <th>IM</th> <th>BM</th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="background-color: #000080; color: white; text-align: center;">Deductions/ Exclusions</td> </tr> <tr> <td>Cafeteria Plan</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Student Earned Income</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Court-Ordered Payments</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						SM	IM	BM	Gross Wages				Deductions/ Exclusions				Cafeteria Plan				Student Earned Income				Court-Ordered Payments				OTHER			
						SM	IM	BM																									
Gross Wages																																	
Deductions/ Exclusions																																	
Cafeteria Plan																																	
Student Earned Income																																	
Court-Ordered Payments																																	
OTHER																																	
IC-5																																	

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	IC(2)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
ALLEGED		Deductions/ Exclusions			VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
Was the IC a Student during the Review Period?					

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED																																										
MI-1		Cafeteria Plan																																											
MI-2		Student Earned Income																																											
IC-1		Court-Ordered Payments																																											
IC-1		OTHER																																											
IC-2	Was the IC a Student during the Review Period? <input type="checkbox"/>																																												
IC-3	Total Number of Employers	<input type="text"/>	Additional	<input type="text"/>	Total Number of Employers																																								
IC-4																																													
IC-5	<table border="1"> <thead> <tr> <th colspan="5">Verified Wage Details for Additional Employers</th> </tr> <tr> <th></th> <th>SM</th> <th>IM</th> <th>BM</th> <th></th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="5">Deductions/ Exclusions</th> </tr> <tr> <td>Cafeteria Plan</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Student Earned Income</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Court-Ordered Payments</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Verified Wage Details for Additional Employers						SM	IM	BM		Gross Wages					Deductions/ Exclusions					Cafeteria Plan					Student Earned Income					Court-Ordered Payments					OTHER				
Verified Wage Details for Additional Employers																																													
	SM	IM	BM																																										
Gross Wages																																													
Deductions/ Exclusions																																													
Cafeteria Plan																																													
Student Earned Income																																													
Court-Ordered Payments																																													
OTHER																																													

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	IC(3)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
ALLEGED		Deductions/ Exclusions			VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
Was the IC a Student during the Review Period?					

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED																																										
MI-1		Cafeteria Plan																																											
MI-2		Student Earned Income																																											
IC-1		Court-Ordered Payments																																											
IC-2		OTHER																																											
IC-2	Was the IC a Student during the Review Period? <input type="checkbox"/>																																												
IC-3	Total Number of Employers	<input type="text"/>	Additional	<input type="text"/>	Total Number of Employers																																								
IC-4																																													
IC-5	<table border="1"> <thead> <tr> <th colspan="5">Verified Wage Details for Additional Employers</th> </tr> <tr> <th></th> <th>SM</th> <th>IM</th> <th>BM</th> <th></th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="5">Deductions/ Exclusions</th> </tr> <tr> <td>Cafeteria Plan</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Student Earned Income</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Court-Ordered Payments</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Verified Wage Details for Additional Employers						SM	IM	BM		Gross Wages					Deductions/ Exclusions					Cafeteria Plan					Student Earned Income					Court-Ordered Payments					OTHER				
Verified Wage Details for Additional Employers																																													
	SM	IM	BM																																										
Gross Wages																																													
Deductions/ Exclusions																																													
Cafeteria Plan																																													
Student Earned Income																																													
Court-Ordered Payments																																													
OTHER																																													

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM



# WAGES

## ELEMENT 8

SI	IC(4)'s Name Propagates Here				
MI-1	ALLEGED	Employer 1		VERIFIED	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date		SM	IM
		Gross Wages			
		Evidence			
	ALLEGED	Deductions/ Exclusions		VERIFIED	
		Cafeteria Plan			
		Student Earned Income			
		Court-Ordered Payments			
		OTHER			
	Was the IC a Student during the Review Period?				

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1	<input type="checkbox"/>	Cafeteria Plan	
MI-2	<input type="checkbox"/>	Student Earned Income	
IC-1	<input type="checkbox"/>	Court-Ordered Payments	
IC-1	<input type="checkbox"/>	OTHER	

IC-2 Was the IC a Student during the Review Period?

IC-3 Total Number of Employers  Additional  Total Number of Employers

IC-4

IC-5

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	IC(5)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
	ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
Was the IC a Student during the Review Period? <input type="checkbox"/>					

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1	<input type="checkbox"/>	Cafeteria Plan	<input type="checkbox"/>
MI-2	<input type="checkbox"/>	Student Earned Income	<input type="checkbox"/>
IC-1	<input type="checkbox"/>	Court-Ordered Payments	<input type="checkbox"/>
IC-2	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

Was the IC a Student during the Review Period?

Total Number of Employers  **Additional**  Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductions/ Exclusions			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>SI's Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2		DOB/ Age				
IC-1		School Name				
IC-2		Contact Name				
IC-3		School Contact Information				
IC-4		Dates of Attendance				
IC-5		To		To		
		Evidence				
		Student exclusion applies?		SM	IM	BM

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>MI-1's Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2	DOB/ Age					
IC-1	School Name					
IC-2	Contact Name					
IC-3	School Contact Information					
IC-4		To			To	
IC-5	Evidence					
	Student exclusion applies?			SM	IM	BM

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>MI-2's Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2		DOB/ Age				
IC-1		School Name				
IC-2		Contact Name				
IC-3		School Contact Information				
IC-4		Dates of Attendance				
IC-5		To	▼		To	▼
		Evidence				
		Student exclusion applies?		SM	IM	BM
			▼	▼		▼

List of ICs  
by Name

BACK

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(1)'s Name Propagates Here</b>		
MI-1	<b>ALLEGED</b>		<b>VERIFIED</b>
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	

List of ICs  
by Name

BACK



# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(2)'s Name Propagates Here</b>		
MI-1	<b>ALLEGED</b>		<b>VERIFIED</b>
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(3)'s Name Propagates Here</b>		
MI-1	<b>ALLEGED</b>		<b>VERIFIED</b>
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	

  

	To			To	

  

	SM	IM	BM

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(4)'s Name Propagates Here</b>		
MI-1	<b>ALLEGED</b>		<b>VERIFIED</b>
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	

  

	To		To	

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(5)'s Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2		DOB/ Age				
IC-1		School Name				
IC-2		Contact Name				
IC-3		School Contact Information				
IC-4		To			To	
IC-5			Evidence			
			Student exclusion applies?		SM	IM
					BM	

List of ICs  
by Name

BACK

# UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA MATCH? INTERVIEW

My SSR / MSSICS Notes

TXVI

TII

SM	IM	BM		SM	IM	BM
			▼			
			▼			

My SSR / MSSICS Notes

Any Unearned Income Exclusions Shown in SSR/MSSICS?

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5	
Title XVI		▼	▼	▼	▼	▼	▼	▼	▼
Title 2		▼	▼	▼	▼	▼	▼	▼	▼
VA Pension		▼	▼	▼	▼	▼	▼	▼	▼
VA Compensation		▼	▼	▼	▼	▼	▼	▼	▼
Railroad Retirement		▼	▼	▼	▼	▼	▼	▼	▼
Govt. Pension		▼	▼	▼	▼	▼	▼	▼	▼
Black Lung		▼	▼	▼	▼	▼	▼	▼	▼
State Disability Payments		▼	▼	▼	▼	▼	▼	▼	▼
Foster Care		▼	▼	▼	▼	▼	▼	▼	▼
Energy Assistance		▼	▼	▼	▼	▼	▼	▼	▼
Unemployment		▼	▼	▼	▼	▼	▼	▼	▼

Determination

▼

MAIN MENU

PREVIOUS

List of ICs by Name

ADD REMARKS

View Summary

COMPLETE

NEXT

# UNEARNED INCOME

ELEMENT 9

**SYSTEMS DATA    MATCH?    INTERVIEW**

My SSR / MSSICS Notes

	SM	IM	BM		SM	IM	BM
TXVI				▼			
TII				▼			

Any Unearned Income Exclusions Shown in SSR/MSSICS? ▼

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Unemployment	▼	▼	▼	▼	▼	▼	▼	▼	▼
Workers Compensation	▼	▼	▼	▼	▼	▼	▼	▼	▼
Sick Pay	▼	▼	▼	▼	▼	▼	▼	▼	▼
Educational Assistance	▼	▼	▼	▼	▼	▼	▼	▼	▼
Dividend/ Royal	▼	▼	▼	▼	▼	▼	▼	▼	▼
Rent Income	▼	▼	▼	▼	▼	▼	▼	▼	▼
Interest	▼	▼	▼	▼	▼	▼	▼	▼	▼
Gifts	▼	▼	▼	▼	▼	▼	▼	▼	▼
Loans	▼	▼	▼	▼	▼	▼	▼	▼	▼
Support from absent parent	▼	▼	▼	▼	▼	▼	▼	▼	▼
Other cash support	▼	▼	▼	▼	▼	▼	▼	▼	▼

Determination  
▼

# UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA MATCH? INTERVIEW

My SSR / MSSICS Notes

	SM	IM	BM		SM	IM	BM
TXVI				▼			
TII				▼			

Any Unearned Income Exclusions Shown in SSR/MSSICS? ▼

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Rent Income		▼	▼	▼	▼	▼	▼	▼	▼
Interest		▼	▼	▼	▼	▼	▼	▼	▼
Gifts		▼	▼	▼	▼	▼	▼	▼	▼
Loans		▼	▼	▼	▼	▼	▼	▼	▼
Support from absent parent		▼	▼	▼	▼	▼	▼	▼	▼
Other cash support		▼	▼	▼	▼	▼	▼	▼	▼
Gambling Income		▼	▼	▼	▼	▼	▼	▼	▼
Miscellaneous		▼	▼	▼	▼	▼	▼	▼	▼
Accelerated LI Payments		▼	▼	▼	▼	▼	▼	▼	▼

Determination

# UNEARNED INCOME

ELEMENT 9

SI	SI's Name Propagates Here		
MI-1	ALLEGED	Unearned Income 1	VERIFIED
MI-2	<input type="text"/>	Unearned Income Type <input type="text"/>	
IC-1		Source	
IC-2		Source Contact Information	
IC-3			
IC-4	<input type="text"/>	Date Began	<input type="text"/>
IC-5	<input type="text"/>	Date Ended	<input type="text"/>
	<input type="text"/>	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
	<input type="text"/>	Payment Date	
			SM    IM    BM
		Gross UM Amounts	<input type="text"/>
		Evidence	<input type="text"/>
	Deductions/ Exclusions		VERIFIED
	<input type="text"/>		
	ALLEGED	Unearned Income 2	VERIFIED
	<input type="text"/>	Unearned Income Type <input type="text"/>	
		Source	

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT



# UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved <input type="checkbox"/>
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
<b>Deductions/ Exclusions VERIFIED</b>			
<b>Unearned Income 3</b>			
	ALLEGED	Unearned Income Type	VERIFIED
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED	Unearned Income 4		VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions VERIFIED</b>	

  

Total Number of UM Sources		<b>Additional</b>		Total Number of UM Sources
----------------------------	--	-------------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI	MI1's Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3				
IC-4		Date Began		
IC-5		Date Ended		
		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date		
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved <input type="checkbox"/>
IC-2		Payment Date	SM IM BM
IC-3		Gross UM Amounts	
IC-4		Evidence	
IC-5		<b>Deductions/ Exclusions</b> VERIFIED	
		<b>Unearned Income 3</b> VERIFIED	
		Unearned Income Type	
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED Unearned Income 4			VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>

  

Total Number of UM Sources		<b>Additional</b>		Total Number of UM Sources
----------------------------	--	-------------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

# UNEARNED INCOME

SI	MI2's Name Propagates Here		
MI-1	ALLEGED Unearned Income 1		VERIFIED
MI-2	Unearned Income Type		
IC-1	Source		
IC-2	Source Contact Information		
IC-3	Date Began		
IC-4	Date Ended		
IC-5	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
	Payment Date	SM	IM
	Gross UM Amounts		
	Evidence		
	Deductions/ Exclusions		VERIFIED
	ALLEGED Unearned Income 2		VERIFIED
	Unearned Income Type		
	Source		

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT



# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved <input type="checkbox"/>
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b> VERIFIED	
		<b>Unearned Income 3</b> VERIFIED	
ALLEGED		Unearned Income Type	
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED Unearned Income 4			VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions VERIFIED</b>	

  

Total Number of UM Sources		Additional		Total Number of UM Sources
----------------------------	--	------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI	IC(1)'s Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3		Date Began		
IC-4		Date Ended		
IC-5		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date		
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information				
MI-1		Date Began				
MI-2		Date Ended				
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved			
IC-2		Payment Date				
IC-3			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
IC-4		Gross UM Amounts				
IC-5		Evidence				

  

Deductions/ Exclusions		VERIFIED	

  

Total Number of UM Sources		Additional		Total Number of UM Sources
----------------------------	--	------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

# UNEARNED INCOME

ELEMENT 9

SI	IC(2)'s Name Propagates Here		
MI-1	ALLEGED	Unearned Income 1	VERIFIED
MI-2		Unearned Income Type	
IC-1		Source	
IC-2		Source Contact Information	
IC-3		Date Began	
IC-4		Date Ended	
IC-5		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
		Payment Date	
			<input type="checkbox"/> SM <input type="checkbox"/> IM <input type="checkbox"/> BM
		Gross UM Amounts	
		Evidence	
		Deductions/ Exclusions	VERIFIED
	ALLEGED	Unearned Income 2	VERIFIED
		Unearned Income Type	
		Source	

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

**Deductions/ Exclusions** VERIFIED

Total Number of UM Sources  **Additional**  Total Number of UM Sources

**Verified Additional Unearned Income Details**

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI	IC(3)'s Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3		Date Began		
IC-4		Date Ended		
IC-5		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date	SM	IM
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT



# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

**Deductions/ Exclusions** VERIFIED

Total Number of UM Sources  **Additional**  Total Number of UM Sources

**Verified Additional Unearned Income Details**

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

# UNEARNED INCOME

SI	IC(4)'s Name Propagates Here					
MI-1	ALLEGED	Unearned Income 1	VERIFIED			
MI-2	<input type="text"/>	Unearned Income Type	<input type="text"/>			
IC-1	<input type="text"/>	Source	<input type="text"/>			
IC-2	<input type="text"/>	Source Contact Information	<input type="text"/>			
IC-3	<input type="text"/>	Date Began	<input type="text"/>			
IC-4	<input type="text"/>	Date Ended	<input type="text"/>			
IC-5	<input type="text"/>	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved			
	<input type="text"/>	Payment Date				
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Gross UM Amounts	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>				
		Evidence	<input type="text"/>			
	Deductions/ Exclusions		VERIFIED			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	ALLEGED	Unearned Income 2	VERIFIED			
	<input type="text"/>	Unearned Income Type	<input type="text"/>			
	<input type="text"/>	Source	<input type="text"/>			

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>

Total Number of UM Sources  **Additional**  Total Number of UM Sources

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI	IC(5)'s Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3				
IC-4		Date Began		
IC-5		Date Ended		
		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date		
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved <input type="checkbox"/>
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>

Total Number of UM Sources  **Additional**  Total Number of UM Sources

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

**SYSTEMS DATA**

CG Field Codes			
RTN		ACCT #	

My SSR / MSSICS Notes:

Address each of the categories listed below for the SI/MI(s) since mm/dd/yyyy

	<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Debit Card from a financial institution				
Safe Deposit Box				
Name appears on someone else's account				
Prior accounts in the last 24 months				
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts?  Override

Determination

MAIN MENU

PREVIOUS

ADD REMARKS

View Summary

COMPLETE

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	SI's Name Propagates Here						
MI-1	ALLEGED		Account 1		VERIFIED		
MI-2	<input type="text"/>		Account Type		<input type="text"/>		
			Financial Institution Information				
			Account Number				
		<input type="text"/>	Dedicated Account?		<input type="text"/>		
		<input type="text"/>	Joint Ownership?		<input type="text"/>		
		<input type="text"/>	Dep. by Joint Owner?		<input type="text"/>		
			Owner Name(s)				
	SM	IM	BM		SM	IM	BM
			Account Balance		<input type="text"/>	<input type="text"/>	<input type="text"/>
			Evidence		<input type="text"/>		
			ID'd via Geo Search?		<input type="text"/>		
		<input type="text"/>	Excluded for Burial		<input type="text"/>	<input type="text"/>	<input type="text"/>
			Other Exclusion		<input type="text"/>	<input type="text"/>	<input type="text"/>
			Countable Amount		<input type="text"/>	<input type="text"/>	<input type="text"/>
		ALLEGED		Account 2		VERIFIED	

Total Financial Accounts

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	ALLEGED	Account 3	VERIFIED
		Account Type	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	ALLEGED	Account 4	VERIFIED
		Account Type	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	Total Number of Financial Accounts <input type="text"/>		Total Number of Financial Accounts <input type="text"/>
	<a href="#">Additional</a>		

Total Financial Accounts

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				Owner Name(s)			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Financial Accounts			Additional			Total Number of Financial Accounts	
SM	IM	BM	Additional Accounts	SM	IM	BM	
			# Savings Accts				
			Total Savings Acct BAL				
			# Checking Accts				
			Total Chk Acct BAL				
			ID'd via Geo Search?				

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	MI-1's Name Propagates Here					
MI-1	ALLEGED		Account 1		VERIFIED	
MI-2	<input type="text"/>		Account Type		<input type="text"/>	
	<input type="text"/>		Financial Institution Information		<input type="text"/>	
	<input type="text"/>		Account Number		<input type="text"/>	
	<input type="text"/>		Dedicated Account?		<input type="text"/>	
	<input type="text"/>		Joint Ownership?		<input type="text"/>	
	<input type="text"/>		Dep. by Joint Owner?		<input type="text"/>	
	<input type="text"/>		Owner Name(s)		<input type="text"/>	
	SM	IM	BM	SM	IM	BM
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Evidence		<input type="text"/>	
	<input type="text"/>		ID'd via Geo Search?		<input type="text"/>	
	<input type="text"/>		Excluded for Burial		<input type="text"/>	<input type="text"/>
	<input type="text"/>		Other Exclusion		<input type="text"/>	<input type="text"/>
	<input type="text"/>		Countable Amount		<input type="text"/>	<input type="text"/>
	ALLEGED		Account 2		VERIFIED	

Total Financial Accounts

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2				VERIFIED	
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
				Dedicated Account?			
				Joint Ownership?			
				Dep. by Joint Owner?			
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 3				VERIFIED	
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 4			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4			VERIFIED	
MI-1		Account Type				
MI-2		Financial Institution Information				
		Account Number				
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
		Owner Name(s)				
	SM	IM	BM	SM	IM	BM
		Account Balance				
		Evidence				
		ID'd via Geo Search?				
			Excluded for Burial			
			Other Exclusion			
		Countable Amount				
	Total Number of Financial Accounts		Additional		Total Number of Financial Accounts	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				Owner Name(s)			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Financial Accounts			Additional			Total Number of Financial Accounts	
SM	IM	BM	Additional Accounts	SM	IM	BM	
			# Savings Accts				
			Total Savings Acct BAL				
			# Checking Accts				
			Total Chk Acct BAL				
			ID'd via Geo Search?				

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	MI-2's Name Propagates Here					
MI-1	ALLEGED		Account 1		VERIFIED	
MI-2	<input type="text"/>		Account Type		<input type="text"/>	
	<input type="text"/>		Financial Institution Information		<input type="text"/>	
	<input type="text"/>		Account Number		<input type="text"/>	
	<input type="text"/>		Dedicated Account?		<input type="text"/>	
	<input type="text"/>		Joint Ownership?		<input type="text"/>	
	<input type="text"/>		Dep. by Joint Owner?		<input type="text"/>	
	<input type="text"/>		Owner Name(s)		<input type="text"/>	
	SM	IM	BM	SM	IM	BM
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Evidence		<input type="text"/>	
	<input type="text"/>		ID'd via Geo Search?		<input type="text"/>	
	<input type="text"/>		Excluded for Burial		<input type="text"/>	
	<input type="text"/>		Other Exclusion		<input type="text"/>	
	<input type="text"/>		Countable Amount		<input type="text"/>	
	ALLEGED		Account 2		VERIFIED	

Total Financial Accounts

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 3			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 4			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	Total Number of Financial Accounts			Additional		Total Number of Financial Accounts	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				Owner Name(s)			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	Total Number of Financial Accounts			Additional	Total Number of Financial Accounts		
	SM	IM	BM	Additional Accounts	SM	IM	BM
				# Savings Accts			
				Total Savings Acct BAL			
				# Checking Accts			
				Total Chk Acct BAL			
				ID'd via Geo Search?			

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

## SYSTEMS DATA

CG Field Codes

## My SSR / MSSICS Notes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
<input checked="" type="checkbox"/> Override	<input checked="" type="checkbox"/> SI	<input checked="" type="checkbox"/> MI-1	<input checked="" type="checkbox"/> MI-2
Patient Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
U.S. Savings Bonds	<input type="text"/>	<input type="text"/>	<input type="text"/>
Promissory Notes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stocks	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonds	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mutual Funds	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trusts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Funds	<input type="text"/>	<input type="text"/>	<input type="text"/>
LI Dividend Accumulations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash on hand	<input type="text"/>	<input type="text"/>	<input type="text"/>

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources?   Override

MAIN MENU

PREVIOUS

ADD REMARKS

View Summary

COMPLETE

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Account 1				VERIFIED		
			Facility Information						
SM	IM	BM					SM	IM	BM
			Account Balance						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						
Total Number of Patient Accounts			Additional				Total Number of Patient Accounts		

Additional Patient Accounts				
		SM	IM	BM
Countable Value				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

**ELEMENT 11**

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here						
ALLEGED		U.S. Sav. Bond 1			VERIFIED	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
SM	IM	BM			SM	IM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
ALLEGED		U.S. Sav. Bond 2			VERIFIED	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
ALLEGED		U.S. Sav. Bond 3		VERIFIED		
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>		<b>VERIFIED</b>		
			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>		<b>VERIFIED</b>		
			Series			
			Denomination			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svc Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED	U.S. Sav. Bond 5			VERIFIED	
<input type="text"/>	Series	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Denomination	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Bond Serial Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Issue Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Type (Paper/Electronic)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Access to Bond	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SM	IM	BM	SM	IM	BM
<input type="text"/>	Bond Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Excluded for Burial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Other Exclusion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Countable Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of US Savings Bonds <input type="text"/>		Additional		Total Number of US Savings Bonds <input type="text"/>	
<b>Additional U.S. Savings Bonds</b>					
<input type="text"/>	SM	IM	BM	<input type="text"/>	<input type="text"/>
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Promissory Note 1				VERIFIED		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div>						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>						
			Countable Amount						

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

SI

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Stock 1				VERIFIED		
			Stock Name						
			Type of Stock						
			Number of Shares						
			Purchase Date						
			Ownership						
			Brokerage Firm						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						
ALLEGED			Stock 2				VERIFIED		
			Name of Stock/Symbol						
			Type of Stock						
			Number of Shares						
			Purchase Date						
			Ownership						
			Brokerage Firm						

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			Name of Stock Symbol								
			Type of Stock								
			Number of Shares								
			Purchase Date								
			Ownership								
			Brokerage Firm								
SM			IM			BM					
SM			IM			BM					
			Amount								
			Evidence								
			Excluded for Burial								
			Other Exclusion								
			Countable Amount								
Total Number of Stocks			Additional			Total Number of Stocks					
Additional Stocks											
			SM			IM			BM		
Countable Value											

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds**
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Bond 1				VERIFIED		
			Bond Name						
			Type of Bond						
			Number of Bonds						
			Purchase Date						
			Ownership						
			Brokerage Firm						
SM	IM	BM					SM	IM	BM
			Bond Value						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						
ALLEGED			Bond 2				VERIFIED		
			Bond Name						
			Type of Bond						
			Number of Bonds						
			Purchase Date						
			Ownership						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	
SM	IM	BM
	Bond Value	
	Evidence	
	Excluded for Burial	
	Other Exclusion	
	Countable Amount	
Total Number of Bonds	Additional	Total Number of Bonds
Additional Bonds		
	SM	IM
	BM	
Countable Value		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds**
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here										
ALLEGED			Mutual Fund 1				VERIFIED			
			Name of Fund							
			Type of Fund							
			Number of Shares							
			Purchase Date							
			Ownership							
			Brokerage Firm							
SM	IM	BM					SM	IM	BM	
			Amount							
			Evidence							
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div>							
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>							
			Countable Amount							
Total Number of Mutual Funds			Additional					Total Number of Mutual Funds		
Additional Mutual Funds										
			SM	IM	BM					
Countable Value										

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**SI's Name Propagates Here**

**ALLEGED Trust 1 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼			
	Trustee Contact Information				
	Type of property held in trust				
	Date established				
	Date terminated	▼			
			SM	IM	BM
	Value of Trust				
	Excluded for Burial	▼			
	Other Exclusion				
	Countable Amount				

**ALLEGED Trust 2 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼			
	Trustee Contact Information				
	Type of property held in				

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>ALLEGED</b>		<b>Trust 2</b>		<b>VERIFIED</b>	
	Does the SI/Payee have a copy of the trust?				
	<b>Trustee Contact Information</b>				
	<b>Type of property held in trust</b>				
	<b>Date established</b>				
	<b>Date terminated</b>				
		SM	IM	BM	
	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>Total Number of</b>				<b>Total Number of</b>	

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

<b>SI's Name Propagates Here</b>											
<b>ALLEGED</b>			<b>Retirement Fund 1</b>				<b>VERIFIED</b>				
			Type								
			Administrator								
			▼	Eligible for periodic payments?				▼			
			▼	Can SI withdraw lump sum?				▼			
SM			IM			BM			SM		
			Amount								
			Evidence				▼				
			▼	<b>Excluded for Burial</b>							
			<b>Other Exclusion</b>								
			Countable Amount								

Total Number of Retirement Funds	<input type="text"/>	<b>Additional</b>	<input type="text"/>	Total Number of Retirement Funds
----------------------------------	----------------------	-------------------	----------------------	----------------------------------

<b>Additional Retirement Funds</b>				
		SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here					
ALLEGED	Policy 1	VERIFIED			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
▼	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
ALLEGED	Policy 2	VERIFIED			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
▼	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
ALLEGED	Policy 3	VERIFIED			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
▼	Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
ALLEGED Policy 4 VERIFIED					
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
Total Number of Policies with Div. Accumulations		Additional			Total Number of Policies with Div. Accumulations
Additional Policies with Dividend Accumulations					
		SM	IM	BM	
Countable Value					

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here				
ALLEGED	Cash on Hand		VERIFIED	
		SM	IM	BM
	Cash Amounts			
<input type="text"/>	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-1's Name Propagates Here</b>										
ALLEGED			Account 1				VERIFIED			
			Facility Information							
SM	IM	BM					SM	IM	BM	
			Account Balance							
			Evidence							
			▼	Excluded for Burial						
			Other Exclusion							
			Countable Amount							
Total Number of Patient Accounts			<input style="width: 50px;" type="text"/>	Additional		<input style="width: 50px;" type="text"/>	Total Number of Patient Accounts			

<b>Additional Patient Accounts</b>			
	SM	IM	BM
Countable Value	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input style="width: 50px;" type="text"/>
IM	<input style="width: 50px;" type="text"/>
BM	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input style="width: 50px;" type="text"/>
IM	<input style="width: 50px;" type="text"/>
BM	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input style="width: 50px;" type="text"/>
IM	<input style="width: 50px;" type="text"/>
BM	<input style="width: 50px;" type="text"/>

BACK

ADD REMARKS

View Summary

NEXT



# OTHER LIQUID RESOURCES

**ELEMENT 11**

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-1's Name Propagates Here</b>											
<b>ALLEGED</b>			<b>U.S. Sav. Bond 1</b>				<b>VERIFIED</b>				
			Series								
			Denomination								
			Bond Serial Number								
			Issue Date								
			Ownership								
			Type (Paper/Electronic)								
			Access to Bond								
SM		IM		BM		SM		IM		BM	
			Bond Value								
			Evidence								
			Excluded for Burial								
			Other Exclusion								
			Countable Amount								
<b>ALLEGED</b>			<b>U.S. Sav. Bond 2</b>				<b>VERIFIED</b>				
			Series								
			Denomination								
			Bond Serial Number								
			Issue Date								
			Ownership								

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
ALLEGED		U.S. Sav. Bond 3		VERIFIED		
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>		<b>VERIFIED</b>		
			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>		<b>VERIFIED</b>		
			Series			
			Denomination			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED	U.S. Sav. Bond 5	VERIFIED
<input type="text"/>	Series <input type="text"/>	<input type="text"/>
<input type="text"/>	Denomination <input type="text"/>	<input type="text"/>
<input type="text"/>	Bond Serial Number <input type="text"/>	<input type="text"/>
<input type="text"/>	Issue Date <input type="text"/>	<input type="text"/>
<input type="text"/>	Ownership <input type="text"/>	<input type="text"/>
<input type="text"/>	Type (Paper/Electronic) <input type="text"/>	<input type="text"/>
<input type="text"/>	Access to Bond <input type="text"/>	<input type="text"/>
SM	IM	BM
<input type="text"/>	Bond Value <input type="text"/>	<input type="text"/>
<input type="text"/>	Evidence <input type="text"/>	<input type="text"/>
<input type="text"/>	Excluded for Burial <input type="text"/>	<input type="text"/>
<input type="text"/>	Other Exclusion <input type="text"/>	<input type="text"/>
<input type="text"/>	Countable Amount <input type="text"/>	<input type="text"/>
Total Number of US Savings Bonds <input type="text"/>	Additional	Total Number of US Savings Bonds <input type="text"/>
Additional U.S. Savings Bonds		
<input type="text"/>	SM	IM
<input type="text"/>	BM	<input type="text"/>
Countable Value <input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-1's Name Propagates Here</b>									
<b>ALLEGED</b>			<b>Promissory Note 1</b>				<b>VERIFIED</b>		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div>						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>						
			Countable Amount						

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

**Additional Promissory Notes**

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Amount	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

  

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts			Name of Security			
US Svg Bonds			Type of Stock			
Promissory Notes			Number of Shares			
<b>Stocks</b>			Purchase Date			
Bonds			Ownership			
Mutual Funds	SM	IM	Brokerage Firm	SM	IM	BM
Trusts			Amount			
Ret. Funds			Evidence			
LIP Div. Accum.			Excluded for Burial			
Cash On Hand			Other Exclusion			
			Countable Amount			
Total Number of Stocks			Additional		Total Number of Stocks	
Additional Stocks						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Bond 1	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds**
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Bonds			Additional		Total Number of Bonds	
Additional Bonds						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds**
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Mutual Fund 1	VERIFIED		
			Name of Fund			
			Type of Fund			
			Number of Shares			
			Purchase Date			
▼			Ownership	▼		
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence	▼		
▼			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Mutual Funds			Additional		Total Number of Mutual Funds	
Additional Mutual Funds						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	<input type="checkbox"/>
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	
		SM    IM    BM
	Value of Trust	
	<span style="color: red;">Excluded for Burial</span>	
	<span style="color: red;">Other Exclusion</span>	
	Countable Amount	
ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	<input type="checkbox"/>
	Trustee Contact Information	
	Type of property held in trust	

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>ALLEGED</b>		<b>Trust 2</b>		<b>VERIFIED</b>	
	Does the SI/Payee have a copy of the trust?				
	<b>Trustee Contact Information</b>				
	<b>Type of property held in trust</b>				
	<b>Date established</b>				
	<b>Date terminated</b>				
		SM	IM	BM	
	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>Total Number of</b>				<b>Total Number of</b>	

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	
SM	IM	BM
	Amount	
	Evidence	
	Excluded for Burial	
	Other Exclusion	
	Countable Amount	

Total Number of Retirement Funds		<b>Additional</b>		Total Number of Retirement Funds
----------------------------------	--	-------------------	--	----------------------------------

**Additional Retirement Funds**

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	<b>Policy Number</b>				
	<b>Dividend Accumulations</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>ALLEGED Policy 4 VERIFIED</b>					
		SM	IM	BM	
	<b>Policy Number</b>				
	<b>Dividend Accumulations</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
Total Number of Policies with Div. Accumulations	<b>Additional</b>	Total Number of Policies with Div. Accumulations			
<b>Additional Policies with Dividend Accumulations</b>					
		SM	IM	BM	
Countable Value					

**Total Oth. Liquid Resources**

**SI**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-1**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

ALLEGED	Policy 1	VERIFIED		
	SM	IM	BM	
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
	SM	IM	BM	
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
	SM	IM	BM	
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here				
ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>										
<b>ALLEGED</b>			<b>Account 1</b>				<b>VERIFIED</b>			
			Facility Information							
SM	IM	BM					SM	IM	BM	
			Account Balance							
			Evidence							
			Excluded for Burial							
			Other Exclusion							
			Countable Amount							
Total Number of Patient Accounts			Additional					Total Number of Patient Accounts		

<b>Additional Patient Accounts</b>				
		SM	IM	BM
Countable Value				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here						
ALLEGED		U.S. Sav. Bond 1			VERIFIED	
Series		Denomination			Bond Serial Number	
Issue Date		Ownership			Type (Paper/Electronic)	
Access to Bond		Evidence			Excluded for Burial	
Other Exclusion		Countable Amount				
ALLEGED		U.S. Sav. Bond 2			VERIFIED	
Series		Denomination			Bond Serial Number	
Issue Date		Ownership			Type (Paper/Electronic)	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
ALLEGED		U.S. Sav. Bond 3		VERIFIED		
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	▼	<b>Excluded for Burial</b>			
		<b>Other Exclusion</b>			
		<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>	<b>VERIFIED</b>		
	▼	Series		▼	
		Denomination			
		Bond Serial Number			
		Issue Date			
	▼	Ownership		▼	
	▼	Type (Paper/Electronic)		▼	
	▼	Access to Bond		▼	
SM	IM	BM	SM	IM	BM
		Bond Value			
		Evidence		▼	
		▼			
		<b>Excluded for Burial</b>			
		<b>Other Exclusion</b>			
		<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>	<b>VERIFIED</b>		
	▼	Series		▼	
		Denomination			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

**ELEMENT 11**

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	ALLEGED	U.S. Sav. Bond 5	VERIFIED
	<input type="text"/>	Series	<input type="text"/>
	<input type="text"/>	Denomination	<input type="text"/>
	<input type="text"/>	Bond Serial Number	<input type="text"/>
	<input type="text"/>	Issue Date	<input type="text"/>
	<input type="text"/>	Ownership	<input type="text"/>
	<input type="text"/>	Type (Paper/Electronic)	<input type="text"/>
	<input type="text"/>	Access to Bond	<input type="text"/>
	SM	IM	BM
	<input type="text"/>	Bond Value	<input type="text"/>
	<input type="text"/>	Evidence	<input type="text"/>
	<input type="text"/>	Excluded for Burial	<input type="text"/>
	<input type="text"/>	Other Exclusion	<input type="text"/>
	<input type="text"/>	Countable Amount	<input type="text"/>
Total Number of US Savings Bonds	<input type="text"/>	Additional	<input type="text"/>
	Additional U.S. Savings Bonds		
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>									
<b>ALLEGED</b>			<b>Promissory Note 1</b>				<b>VERIFIED</b>		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						

<b>Total Number of Promissory Notes</b>	<input type="text"/>	<b>Additional</b>	<input type="text"/>	<b>Total Number of Promissory Notes</b>
---	----------------------	-------------------	----------------------	---

<b>Additional Promissory Notes</b>			
	SM	IM	BM
<b>Countable Value</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-2's Name Propagates Here**

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Amount	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			Name of Security			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Amount	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Stocks			Additional		Total Number of Stocks	
Additional Stocks						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Bond 1	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Bonds			Additional		Total Number of Bonds	
Additional Bonds						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds**
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here											
ALLEGED			Mutual Fund 1				VERIFIED				
			Name of Fund								
			Type of Fund								
			Number of Shares								
			Purchase Date								
			Ownership								
			Brokerage Firm								
SM	IM	BM					SM	IM	BM		
			Amount								
			Evidence								
			<input type="checkbox"/> Excluded for Burial								
			<input type="checkbox"/> Other Exclusion								
			Countable Amount								
Total Number of Mutual Funds <input type="text"/>			Additional				Total Number of Mutual Funds <input type="text"/>				
Additional Mutual Funds											
			SM	IM	BM						
Countable Value											

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here

ALLEGED Trust 1 VERIFIED

	Does the SI/Payee have a copy of the trust?	▼		
	Trustee Contact Information			
	Type of property held in trust			
	Date established			
	Date terminated	▼		
		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED Trust 2 VERIFIED

	Does the SI/Payee have a copy of the trust?	▼		
	Trustee Contact Information			
	Type of property held in			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

a copy of the trust?

	<b>Trustee Contact Information</b>			
	<b>Type of property held in trust</b>			
	<b>Date established</b>			
	<b>Date terminated</b>			
		SM	IM	BM
	<b>Value of Trust</b>			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	<b>Countable Amount</b>			

  

<b>Total Number of Trusts</b>	<input type="text"/>	<b>Additional</b>	<input type="text"/>	<b>Total Number of Trusts</b>
-------------------------------	----------------------	-------------------	----------------------	-------------------------------

  

<b>Additional Trusts</b>			
	SM	IM	BM
<b>Countable Value</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Oth. Liquid Resources**

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Oth. Liquid Resources**

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Oth. Liquid Resources**

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>													
<b>ALLEGED</b>			<b>Retirement Fund 1</b>				<b>VERIFIED</b>						
			Type										
			Administrator										
			▼	Eligible for periodic payments?				▼					
			▼	Can SI withdraw lump sum?				▼					
SM		IM		BM				SM		IM		BM	
			Amount										
			Evidence				▼						
			▼	<b>Excluded for Burial</b>									
			<b>Other Exclusion</b>										
			Countable Amount										
Total Number of Retirement Funds			<b>Additional</b>				Total Number of Retirement Funds						
<b>Additional Retirement Funds</b>													
			SM		IM		BM						
Countable Value													

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>					
<b>ALLEGED</b>	<b>Policy 1</b>	<b>VERIFIED</b>			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
	<input type="checkbox"/> Excluded for Burial				
	Other Exclusion				
	Countable Amount				
<b>ALLEGED</b>	<b>Policy 2</b>	<b>VERIFIED</b>			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
	<input type="checkbox"/> Excluded for Burial				
	Other Exclusion				
	Countable Amount				
<b>ALLEGED</b>	<b>Policy 3</b>	<b>VERIFIED</b>			
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
	<input type="checkbox"/> Excluded for Burial				

**Total Oth. Liquid Resources**

**SI**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-1**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-2**

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		----	----	----	
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
ALLEGED Policy 4 VERIFIED					
		SM	IM	BM	
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				
Total Number of Policies with Div. Accumulations	Additional	Total Number of Policies with Div. Accumulations			
Additional Policies with Dividend Accumulations					
	SM	IM	BM		
Countable Value					

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand**

MI-2's Name Propagates Here				
ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD  
REMARKS**

**View  
Summary**

**NEXT**

# NON-HOME PROPERTY

ELEMENT 12

## SYSTEMS DATA

RE Field Codes		CG Field Codes	
----------------	--	----------------	--

My SSR / MSSICS Notes

---

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property ?   Override

Record who owns or is buying non-home property	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1
Total number of properties	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check to display a list of possible non-home properties.

1. Farmland
2. Commercial (non-farm)
3. Residential property
4. Unimproved Land
5. Foreign Property
6. Mineral/Timber/Water Rights

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property?   Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

SI  
MI1  
MI2

SI's Name Propagated Here

Property Location  ID'd via Negative Property Search?

**ALLEGED Non-Home Property 1 VERIFIED**

<input type="text"/>	Type of Property	<input type="text"/>
<input type="text"/>	Type of Ownership	<input type="text"/>
<input type="text"/>	Evidence of Ownership	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Income Producing	<input type="text"/>
SM	IM	BM
<input type="text"/>	CMV	<input type="text"/>
<input type="text"/>	Evidence of CMV	<input type="text"/>

**ALLEGED Encumbrances VERIFIED**

<input type="text"/>	Does one or more exist?	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
<input type="text"/>	Amount	SM IM BM
<input type="text"/>	Equity Value	<input type="text"/>
<input type="text"/>	Ownership %	<input type="text"/>
<input type="text"/>	Excluded?	<input type="text"/>

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

SI			Duration of Ownership			
MI1			Income Producing			
MI2	SM	IM	BM	SM	IM	BM
			CMV			
			Evidence of CMV			

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?			
Evidence				
		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

Countable Amount			
------------------	--	--	--

Total Number of Non-Home Properties	<input type="text"/>	<b>Additional</b>	<input type="text"/>	Total Number of Non-Home Properties
-------------------------------------	----------------------	-------------------	----------------------	-------------------------------------

<b>Additional Non-Home Properties</b>			
	SM	IM	BM
Countable Amount			

SI  
MI1  
MI2

MI-1's Name Propagated Here

Property Location		ID'd via Negative Property Search?	
-------------------	--	------------------------------------	--

**ALLEGED Non Home-Property 1 VERIFIED**

	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	
SM	IM	BM
	CMV	
	Evidence of CMV	

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?	
	Evidence	
	Amount	SM IM BM
	Equity Value	
	Ownership %	
	Excluded?	

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

SI				Duration of Ownership			
MI1				Income Producing			
MI2	SM	IM	BM		SM	IM	BM
				CMV			
				Evidence of CMV			

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

Countable Amount			
------------------	--	--	--

Total Number of Non-Home Properties

**Additional**

Total Number of Non-Home Properties

SI  
MI1  
MI2

MI-2's Name Propagated Here

Property Location		ID'd via Negative Property Search?	
-------------------	--	------------------------------------	--

**ALLEGED Non Home-Property 1 VERIFIED**

	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	
SM	IM	BM
	CMV	
	Evidence of CMV	

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?	
	Evidence	
	Amount	SM IM BM
	Equity Value	
	Ownership %	
	Excluded?	

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

SI			Duration of Ownership			
MI1			Income Producing			
MI2	SM	IM	BM	SM	IM	BM
			CMV			
	Evidence of CMV					

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

Countable Amount

Total Number of Non-Home Properties  **Additional**  Total Number of Non-Home Properties



# NEGATIVE PROPERTY SEARCH

ELEMENT 13

<b>SI</b>	<b>SI's Name Propagates Here</b>	
<b>MI1</b>	<b>Jurisdiction(s) searched</b>	
<b>MI2</b>	<b>County/Parish/City</b>	<b>ST</b>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Copy To MI1	
	<input type="checkbox"/> Copy To MI2	
<input type="text"/>	<b>Alpha Listing</b>	<input type="text"/>
<input type="text"/>	<b>Contact Method</b>	<input type="text"/>
<input type="text"/>	<b>Name of Contact</b>	<input type="text"/>
<input type="text"/>	<b>Title of Contact</b>	<input type="text"/>
<input type="text"/>	<b>Date of Contact</b>	<input type="text"/>
<input type="text"/>	<b>Contact Information or Website</b>	<input type="text"/>

**Determination**

Record the number of properties found

[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
 **COMPLETE**
[NEXT](#)

# NEGATIVE PROPERTY SEARCH

SI	<b>MI1's Name Propagates Here</b>	
MI1	Jurisdiction(s) searched	
MI2	County/Parish/City	ST
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Determination

Record the number of properties found

**MAIN MENU**

**PREVIOUS**

**ADD REMARKS**

**COMPLETE**

**NEXT**

# NEGATIVE PROPERTY SEARCH

SI

MI2's Name Propagates Here

MI1

Jurisdiction(s) searched

Name(s) searched

MI2

County/Parish/City	ST
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>	Alpha Listing	<input type="text"/>
<input type="text"/>	Contact Method	<input type="text"/>
<input type="text"/>	Name of Contact	<input type="text"/>
<input type="text"/>	Title of Contact	<input type="text"/>
<input type="text"/>	Date of Contact	<input type="text"/>
<input type="text"/>	Contact Information or Website	<input type="text"/>

Determination

Record the number of properties found

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# VEHICLES

ELEMENT 14

**SYSTEMS DATA**

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles?

 Override

Record who owns or is buying vehicles.

 SI MI-1 MI-2 Override SI MI-1 MI-2

Total number of vehicles

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles?

 OverrideMAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

SI

**SI's Name Propagates Here**

MI-1

ALLEGED

**Vehicle 1**

VERIFIED

MI-2

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

ALLEGED

**Encumbrances**

VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM

**ELEMENT 14**

Total Countable CMV

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI	Amount					
MI-1	Countable CMV					
MI-2	<b>ALLEGED</b>		<b>Vehicle 2</b>		<b>VERIFIED</b>	
		Type of Vehicle				
		Year				
		Make				
		Model				
		VIN				
		Tag Number				
		Use				
		Condition				
		Mileage				
		Duration of Ownership				
		Evidence				
			SM	IM	BM	
		CMV				
		Evidence of CMV				
		Excluded?				
		Reason for Exclusion				
	<b>ALLEGED</b>		<b>Encumbrances</b>		<b>VERIFIED</b>	
		Does one or more exist?				
		Evidence				

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI		SM	IM	BM
MI-1	Amount			
MI-2	Countable CMV			

ELEMENT 14

ALLEGED Vehicle 3 VERIFIED

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

Total Countable CMV  
SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV  
MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

ALLEGED Encumbrances VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
----------------------	-------------------------	----------------------

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI  
MI-1  
MI-2

ELEMENT 14

Total Countable CMV  
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
MI-2

SM	
IM	
BM	

Condition		
Mileage		
Duration of Ownership		
Evidence		
SM	IM	BM
CMV		
Evidence of CMV		
Excluded?		
Reason for Exclusion		

ALLEGED Encumbrances VERIFIED

Does one or more exist?		
Evidence		
SM	IM	BM
Amount		
Countable CMV		

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

SM	IM	BM
Countable CMV		

BACK

ADD REMARKS

Transfer of Resources

NEXT



SI  
MI-1  
MI-2

MI-1's Name Propagates Here

ALLEGED Vehicle 1 VERIFIED

Type of Vehicle	
Year	
Make	
Model	
VIN	
Tag Number	
Use	
Condition	
Mileage	
Duration of Ownership	
Evidence	
	SM IM BM
CMV	
Evidence of CMV	
Excluded?	
Reason for Exclusion	

ALLEGED Encumbrances VERIFIED

Does one or more exist?	
Evidence	
	SM IM BM

ELEMENT 14

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

Amount			
Countable CMV			

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

**ALLEGED Vehicle 2 VERIFIED**

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	
		SM IM BM
	CMV	
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?	
	Evidence	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI			SM	IM	BM
MI-1		Amount			
MI-2		Countable CMV			
<b>ALLEGED</b>		<b>Vehicle 3</b>		<b>VERIFIED</b>	
	<input type="text"/>	Type of Vehicle	<input type="text"/>		
	<input type="text"/>	Year	<input type="text"/>		
	<input type="text"/>	Make	<input type="text"/>		
	<input type="text"/>	Model	<input type="text"/>		
	<input type="text"/>	VIN	<input type="text"/>		
	<input type="text"/>	Tag Number	<input type="text"/>		
	<input type="text"/>	Use	<input type="text"/>		
	<input type="text"/>	Condition	<input type="text"/>		
	<input type="text"/>	Mileage	<input type="text"/>		
	<input type="text"/>	Duration of Ownership	<input type="text"/>		
	<input type="text"/>	Evidence	<input type="text"/>		
			SM	IM	BM
		CMV	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Evidence of CMV	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Excluded?	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Reason for Exclusion	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ALLEGED</b>		<b>Encumbrances</b>		<b>VERIFIED</b>	
	<input type="text"/>	Does one or more exist?	<input type="text"/>		

**ELEMENT 14**

Total Countable CMV

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI  
MI-1  
MI-2

ELEMENT 14

Total Countable CMV  
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
MI-2

SM	
IM	
BM	

Condition	
Mileage	
Duration of Ownership	
Evidence	
CMV	SM IM BM
Evidence of CMV	
Excluded?	
Reason for Exclusion	
<b>ALLEGED Encumbrances VERIFIED</b>	
Does one or more exist?	
Evidence	
Amount	SM IM BM
Countable CMV	

Total Number of Vehicles  **Additional**  Total Number of Vehicles

**Additional Vehicles**

Countable CMV	SM	IM	BM

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

MI-2's Name Propagates Here

ALLEGED

Vehicle 1

VERIFIED

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

ALLEGED

Encumbrances

VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM

ELEMENT 14

Total Countable CMV

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI	Amount			
MI-1	Countable CMV			
MI-2	<b>Vehicle 2</b>		ALLEGED	VERIFIED
	Type of Vehicle			
	Year			
	Make			
	Model			
	VIN			
	Tag Number			
	Use			
	Condition			
	Mileage			
	Duration of Ownership			
	Evidence			
		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			
	<b>Encumbrances</b>		ALLEGED	VERIFIED
	Does one or more exist?			
	Evidence			

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

SI  
MI-1  
MI-2

	SM	IM	BM
Amount			
Countable CMV			

ELEMENT 14

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

ALLEGED **Vehicle 3** VERIFIED

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

ALLEGED **Encumbrances** VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
----------------------	-------------------------	----------------------

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI  
MI-1  
MI-2

ELEMENT 14

**Total Countable CMV**  
**SI**

SM	
IM	
BM	

**Total Countable CMV**

SM	
IM	
BM	

**Total Countable CMV**  
**MI-2**

SM	
IM	
BM	

Condition	
Mileage	
Duration of Ownership	
Evidence	
CMV	SM IM BM
Evidence of CMV	
Excluded?	
Reason for Exclusion	
<b>ALLEGED Encumbrances VERIFIED</b>	
Does one or more exist?	
Evidence	
Amount	SM IM BM
Countable CMV	

Total Number of Vehicles  **Additional**  Total Number of Vehicles

**Additional Vehicles**

Countable CMV	SM	IM	BM



# LIFE INSURANCE

ELEMENT 15

## SYSTEMS DATA

## My SSR / MSSICS Notes

RE Field Codes		CG Field Codes	
----------------	--	----------------	--

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies?   Override

Record who owns or is buying life insurance policies	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1
Total number of life insurance policies	<input type="text"/>	<input type="text"/>	<input type="text"/>

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies?   Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	<b>SI's Policy # 1</b>			<b>SI's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

Total CSV		Total FV	
<b>SI</b>		<b>SI</b>	
	SM		
	IM		
	BM		
Total CSV		Total FV	
<b>MI-1</b>		<b>MI-1</b>	
	SM		
	IM		
	BM		
Total CSV		Total FV	
<b>MI-2</b>		<b>MI-2</b>	
	SM		
	IM		
	BM		

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			
<b>SI's Policy # 3</b>				<b>SI's Policy # 4</b>			
Insurance Company Information							
Contact Information							
Method of Discovery							
Policy Number							
Issue Date							
Disposal Date							
Owner(s)							
Type of Policy							
Evidence							
Age at Issue							
Fully Paid-Up Policy?							
Does policy produce Dividend Additions?							
SM	IM	BM		SM	IM	BM	

Total CSV	Total FV
<b>SI</b>	<b>SI</b>
	SM
	IM
	BM
Total CSV	Total FV
<b>MI-1</b>	<b>MI-1</b>
	SM
	IM
	BM
Total CSV	Total FV
<b>MI-2</b>	<b>MI-2</b>
	SM
	IM
	BM

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	DIVIDEND ACCUMULATIONS				DIVIDEND ACCUMULATIONS		
	SM	IM	BM		SM	IM	BM
MI-1				Face Value			
MI-2				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			
				Does policy produce Dividend Accumulations?			

Total Number of LI policies

**Additional**

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs	<input type="text"/>		
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	SI
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-1	MI-1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-2	MI-2
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**NEXT**

# LIFE INSURANCE

ELEMENT 15

SI	<b>MI-1's Policy # 1</b>			<b>MI-1's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

Total CSV		Total FV	
<b>SI</b>		<b>SI</b>	
	SM		
	IM		
	BM		
Total CSV		Total FV	
<b>MI-1</b>		<b>MI-1</b>	
	SM		
	IM		
	BM		
Total CSV		Total FV	
<b>MI-2</b>		<b>MI-2</b>	
	SM		
	IM		
	BM		

BACK

ADD  
REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

  

MI-1's Policy # 3		MI-1's Policy # 4	
	Insurance Company Information		
	Contact Information		
	Method of Discovery		
	Policy Number		
	Issue Date		
	Disposal Date		
	Owner(s)		
	Type of Policy		
	Evidence		
	Age at Issue		
	Fully Paid-Up Policy?		
	Does policy produce Dividend Additions?		

  

SM	IM	BM	SM	IM	BM
----	----	----	----	----	----

Total CSV	Total FV
SI	SI
	SM
	IM
	BM
Total CSV	Total FV
MI-1	MI-1
	SM
	IM
	BM
Total CSV	Total FV
MI-2	MI-2
	SM
	IM
	BM

BACK

ADD  
REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	DIVIDEND ACCUMULATIONS			SM	IM	BM
	SM	IM	BM			
MI-1				Face Value		
MI-2				Cash Surrender Value		
				Loans		
				Amount Set Aside for Burial		
				Other Excluded Amounts		
				Countable CSV		
				Does policy produce Dividend Accumulations?		

Total Number of LI policies

**Additional**

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs <input type="text"/>			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	SI
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-1	MI-1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-2	MI-2
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**NEXT**

# LIFE INSURANCE

ELEMENT 15

SI	<b>MI-2's Policy # 1</b>			<b>MI-2's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

<b>Total CSV</b>		<b>Total FV</b>	
<b>SI</b>	<b>SM</b>	<b>SI</b>	<b>SM</b>
	<b>IM</b>		<b>IM</b>
	<b>BM</b>		<b>BM</b>
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-1</b>	<b>SM</b>	<b>MI-1</b>	<b>SM</b>
	<b>IM</b>		<b>IM</b>
	<b>BM</b>		<b>BM</b>
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-2</b>	<b>SM</b>	<b>MI-2</b>	<b>SM</b>
	<b>IM</b>		<b>IM</b>
	<b>BM</b>		<b>BM</b>

BACK

ADD  
REMARKS

NEXT



# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

## MI-2's Policy # 3

## MI-2's Policy # 4

	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM	SM	IM	BM
----	----	----	----	----	----

Total CSV		Total FV	
SI	SM	SI	SM
	IM		IM
	BM		BM
Total CSV		Total FV	
MI-1	SM	MI-1	SM
	IM		IM
	BM		BM
Total CSV		Total FV	
MI-2	SM	MI-2	SM
	IM		IM
	BM		BM

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	DIVIDEND ACCUMULATIONS			SM	IM	BM
	SM	IM	BM			
MI-1				Face Value		
MI-2				Cash Surrender Value		
				Loans		
				Amount Set Aside for Burial		
				Other Excluded Amounts		
				Countable CSV		
				Does policy produce Dividend Accumulations?		

Total Number of LI policies

**Additional**

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs	<input type="text"/>		
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	SI
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-1	MI-1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-2	MI-2
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**NEXT**

# OTHER NONLIQUID RESOURCES

ELEMENT 16

## SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

|

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy?

 Override

Record who owns or is buying nonliquid resources

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Total number of nonliquid resources:




Check to display a list of possible non-liquid resources.

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources?

 Override

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# OTHER NONLIQUID RESOURCES

SI	<b>SI's Name Propagates Here</b>										
MI-1	<b>ALLEGED</b>			<b>Resource 1</b>			<b>VERIFIED</b>				
MI-2	Type of Resource										
	Evidence of Ownership										
	Duration of Ownership										
	SM	IM	BM		SM	IM	BM		SM	IM	BM
	CMV										
	Evidence of CMV										
	Ownership %										
	<b>ALLEGED</b>			<b>Encumbrances</b>			<b>VERIFIED</b>				
	Does one or more exist?										
	Evidence										
							SM IM BM				
	Amount										
	Other Exclusion										
	Countable Amount										
Total Number of Nonliquid Resources				<b>Additional</b>				Total Number of Nonliquid Resources			
<b>Additional Nonliquid Resources</b>											

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

# OTHER NONLIQUID RESOURCES

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			
<b>ALLEGED</b>				<b>Encumbrances</b>	<b>VERIFIED</b>		
				Does one or more exist?			
				Evidence			
					SM	IM	BM
				Amount			
				Other Exclusion			
				Countable Amount			

  

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources
-------------------------------------	--	------------	--	-------------------------------------

  

<b>Additional Nonliquid Resources</b>			
	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**NEXT**

# OTHER NONLIQUID RESOURCES

SI	<b>MI's Name Propagates Here</b>								
MI-1	ALLEGED		Resource 1		VERIFIED				
MI-2	<input type="text"/>		Type of Resource		<input type="text"/>				
			Evidence of Ownership		<input type="text"/>				
			Duration of Ownership		<input type="text"/>				
	SM	IM	BM		SM	IM	BM		
			CMV		<input type="text"/>				
			Evidence of CMV		<input type="text"/>				
			Ownership %		<input type="text"/>				
	ALLEGED		Encumbrances		VERIFIED				
	<input type="text"/>		Does one or more exist?		<input type="text"/>				
			Evidence		<input type="text"/>				
					SM	IM	BM		
			Amount		<input type="text"/>				
			Other Exclusion		<input type="text"/>				
			Countable Amount		<input type="text"/>				
Total Number of Nonliquid Resources		<input type="text"/>		Additional		<input type="text"/>		Total Number of Nonliquid Resources	
<input type="text"/> Additional Nonliquid Resources									

Total NonLiquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# OTHER NONLIQUID RESOURCES

SI				Duration of Ownership							
MI-1	SM	IM	BM		SM	IM	BM				
MI-2				CMV							
				Evidence of CMV							
				Ownership %							
<b>ALLEGED</b>				<b>Encumbrances</b>				<b>VERIFIED</b>			
				Does one or more exist?							
				Evidence							
					SM	IM	BM				
				Amount							
				Other Exclusion							
				Countable Amount							

  

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources
-------------------------------------	--	------------	--	-------------------------------------

  

<b>Additional Nonliquid Resources</b>			
	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

# OTHER NONLIQUID RESOURCES

SI	MI-2's Name Propagates Here										
MI-1	ALLEGED			Resource 1				VERIFIED			
MI-2	<input type="text"/>			Type of Resource				<input type="text"/>			
				Evidence of Ownership				<input type="text"/>			
				Duration of Ownership				<input type="text"/>			
	SM	IM	BM					SM	IM	BM	
				CMV				<input type="text"/>			
				Evidence of CMV				<input type="text"/>			
				Ownership %				<input type="text"/>			
	ALLEGED			Encumbrances				VERIFIED			
	<input type="text"/>			Does one or more exist?				<input type="text"/>			
				Evidence				<input type="text"/>			
								SM	IM	BM	
				Amount				<input type="text"/>			
				Other Exclusion				<input type="text"/>			
				Countable Amount				<input type="text"/>			
Total Number of Nonliquid Resources		<input type="text"/>		Additional		<input type="text"/>		Total Number of Nonliquid Resources		<input type="text"/>	
Additional Nonliquid Resources											

Total NonLiquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT



# OTHER NONLIQUID RESOURCES

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			
<b>ALLEGED</b>				<b>Encumbrances</b>	<b>VERIFIED</b>		
				Does one or more exist?			
				Evidence			
					SM	IM	BM
				Amount			
				Other Exclusion			
				Countable Amount			

  

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources
-------------------------------------	--	------------	--	-------------------------------------

  

<b>Additional Nonliquid Resources</b>			
	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

## SYSTEMS DATA

RE Field Codes

CG Field Codes

## My SSR / MSSICS Notes

|

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial?

▼

Override

Record who owns or is buying burial assets.

SI

MI-1

MI-2

Override

SI

MI-1

MI-2

Total number of burial assets

▼

▼

▼

Check to display a list of possible burial assets.

- 1. Burial Contracts
- 2. Burial Trusts
- 3. Cemetery Lot
- 4. Crypt
- 5. Casket
- 6. Urn
- 7. Headstone
- 8. Marker

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial?

▼

Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

SI's Name Propagates Here			
	Asset 1		VERIFIED
<div style="border: 1px solid black; padding: 2px;"> <input type="text" value=""/> </div>	<div style="border: 1px solid black; padding: 2px;">                     Type of Burial Asset <span style="float: right;">▼</span> </div>		
	Source Information		
	Asset Location		
	Identifier		
	Owner Name		
	Designee		
	Date Asset Designated for Burial	<input type="text"/>	
	Irrevocable	<input type="checkbox"/>	
		SM	IM
	Total Value		
	Exclusion Applies	<input type="checkbox"/>	<input type="checkbox"/>
	Countable Value		
	Asset 2		VERIFIED
<div style="border: 1px solid black; padding: 2px;"> <input type="text" value=""/> </div>	<div style="border: 1px solid black; padding: 2px;">                     Type of Burial Asset <span style="float: right;">▼</span> </div>		
	Source Information		

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	Additional	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI	MI-1's Name Propagates Here		
MI1	ALLEGED	Asset 1	VERIFIED
MI2	<input type="text"/>	Type of Burial Asset	<input type="text"/>
		Source Information	
		Asset Location	
		Identifier	
		Owner Name	
		Designee	
	<input type="text"/>	Date Asset Designated for Burial	<input type="text"/>
		Irrevocable	<input type="text"/>
			SM IM BM
		Total Value	<input type="text"/>
		Exclusion Applies	<input type="text"/>
		Countable Value	<input type="text"/>
	ALLEGED	Asset 2	VERIFIED
	<input type="text"/>	Type of Burial Asset	<input type="text"/>
		Source Information	

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	Additional	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI	MI-2's Name Propagates Here		
MI1	ALLEGED	Asset 1	VERIFIED
MI2	<input type="text"/>	Type of Burial Asset	<input type="text"/>
		Source Information	
		Asset Location	
		Identifier	
		Owner Name	
		Designee	
	<input type="text"/>	Date Asset Designated for Burial	<input type="text"/>
		Irrevocable	<input type="text"/>
			SM IM BM
		Total Value	<input type="text"/>
		Exclusion Applies	<input type="text"/>
		Countable Value	<input type="text"/>
	ALLEGED	Asset 2	VERIFIED
	<input type="text"/>	Type of Burial Asset	<input type="text"/>
		Source Information	

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	Additional	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT



# TRANSFER OF RESOURCES

ELEMENT 18

SI  
MI-1  
MI-2

**SI's Name Propagates Here**

	Transfer 1	
ALLEGED	Type of Resource	VERIFIED
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	
<b>Explanation of Transfer</b>		
<b>Determination</b>		
Did the uncompensated value cause ineligibility?		
Uncompensated Value		

- Transfers Indicated
- Financial Accounts (10)
  - Other Liquid Resources (11)
  - Non-Home Property (12)
  - Vehicles (14)
  - Life Insurance (15)
  - Other Nonliquid Resources (16)
  - Burial Assets (17)

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	Received		
MI-1	FMV		
MI-2	Evidence		
Explanation of Transfer			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			
Total Number of Transfers	Additional		Total Number of Transfers
Additional Transfers			
Type of Resource			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN MENU

PREVIOUS

ADD REMARKS

 COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	MI-1's Name Propagates Here	
MI-1	ALLEGED	Transfer 1
MI-2		VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	
Explanation of Transfer		
Determination		
Did the uncompensated value cause ineligibility?		
Uncompensated Value		

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

- SI
- MI-1
- MI-2

Received	
FMV	
Evidence	

### Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

### Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

### Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	MI-1's Name Propagates Here	
MI-1	ALLEGED	Transfer 1
MI-2		VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	
Explanation of Transfer		
Determination		
Did the uncompensated value cause ineligibility?		
Uncompensated Value		

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	Received	
MI-1	FMV	
MI-2	Evidence	
Explanation of Transfer		
<input type="text"/>		
Determination <input type="text"/>		
Did the uncompensated value cause ineligibility? <input type="text"/>		
Uncompensated Value <input type="text"/>		
Period of Ineligibility: From: <input type="text"/> To: <input type="text"/>		
Total Number of Transfers <input type="text"/>	Additional	Total Number of Transfers <input type="text"/>
Additional Transfers		
<input type="text"/>	Type of Resource	<input type="text"/>
Determination <input type="text"/>		
Did the uncompensated value cause ineligibility? <input type="text"/>		
Uncompensated Value <input type="text"/>		
Period of Ineligibility: From: <input type="text"/> To: <input type="text"/>		

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES    S/MI INCOME    IC INCOME

	TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI									
MI-1									
MI-2									

	SM	IM	BM	Number
<b>US SAVINGS BONDS</b>				
SI				
MI-1				
MI-2				
<b>PROMISSORY NOTES</b>				
SI				
MI-1				
MI-2				
<b>STOCKS</b>				
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
<b>CHECKING</b>				
SI				
MI-1				
MI-2				
<b>SAVINGS</b>				
	SM	IM	BM	Number
<b>FINANCIAL INSTITUTION</b>				
SI				
MI-1				
MI-2				
<b>PATIENT ACCOUNTS</b>				
SI				

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES    SI/MI INCOME    IC INCOME

MI-1				
MI-2				
<b>BONDS</b>				
SI				
MI-1				
MI-2				
<b>MUTUAL FUNDS</b>				
SI				
MI-1				
MI-2				
<b>TRUSTS</b>				
SI				
MI-1				
MI-2				
<b>RETIREMENT FUNDS</b>				
SI				
MI-1				
MI-2				
<b>LI DIVIDEND ACCUMULATIONS</b>				
SI				

<b>PATIENT ACCOUNTS</b>				
SI				
MI-1				
MI-2				
<b>TOTAL SAVINGS</b>				
<b>FINANCIAL + PATIENT ACCOUNTS</b>				
SI				
MI-1				
MI-2				
<b>VEHICLES</b>				
SI				
MI-1				
MI-2				
<b>LIFE INSURANCE</b>				
SI				
MI-1				
MI-2				
<b>BURIAL ASSETS</b>				
SI				

**MAIN MENU**

**BACK**

**ADD REMARKS**

**COMPLETE**

**NEXT**



# SUMMARIES

RESOURCES SI/MI INCOME IC INCOME

### TRUSTS

SI				
MI-1				
MI-2				

### RETIREMENT FUNDS

SI				
MI-1				
MI-2				

### LI DIVIDEND ACCUMULATIONS

SI				
MI-1				
MI-2				

### CASH ON HAND

SI				
MI-1				
MI-2				

### VEHICLES

SI				
MI-1				
MI-2				

### LIFE INSURANCE

SI				
MI-1				
MI-2				

### BURIAL ASSETS

SI				
MI-1				
MI-2				

### NON HOME PROPERTY

SI				
MI-1				
MI-2				

Determination

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

**Total Deductions/ Exclusion Amounts Unearned Income**

**Total Deductions/ Exclusion Amounts Earned Income**

	SI		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	MI-1		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			

	SI		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	MI-1		
Cafeteria Plan			
Student Earned Income			

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

Additional UM Exclusions/Deductions			
	<b>MI-2</b>		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	<b>MI-2</b>		
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
<b>Earned Income Determination</b>			

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES | S/MI INCOME | **IC INCOME**

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

### Total Deductions/ Exclusion Amounts Unearned Income

IC-1			
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IC-2			
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IC-3			
	SM	IM	BM

### Total Deductions/ Exclusion Amounts Earned Income

IC-1			
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

IC-2			
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES

SI/MI INCOME

IC INCOME

Additional UM Exclusions/Deductions			
	<b>IC-3</b>		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	<b>IC-4</b>		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	<b>IC-5</b>		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Excl/Dedct			

Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	<b>IC-3</b>		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	<b>IC-4</b>		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	<b>IC-5</b>		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# REPRESENTATIVE PAYEE

ELEMENT 20

## SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

**SAMPLED  
INDIVIDUAL**

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# REPRESENTATIVE PAYEE

ELEMENT 20

## SYSTEMS DATA

Name	<input type="text"/>
Selection Date	<input type="text"/>
Payee Type	<input type="text"/>
Competency Code	<input type="text"/>
Custody Code	<input type="text"/>

**ELIGIBLE SPOUSE**

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

**BACK**

**ADD  
REMARKS**

**NEXT**

# DEATH OF MATERIAL INDIVIDUAL

ELEMENT 21

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Name

SSN

Relationship

Date of Death

Evidence

Name

SSN

Relationship

Date of Death

Evidence

**Determination**

**MAIN MENU**

**PREVIOUS**

**ADD REMARKS**

**COMPLETE**

**NEXT**



# POTENTIAL ENTITLEMENT

ELEMENT 22

My SSR / MSSICS Notes

**Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:**

Served in the Military?	<input type="text" value="1"/>
Belonged to a Labor Union?	<input type="text"/>
Worked for the Federal Government?	<input type="text"/>
Worked for the State/ Local Government?	<input type="text"/>
Worked in the Railroad Industry?	<input type="text"/>
Worked under a Social Security or pension plan of a Country other than the U.S.	<input type="text"/>
Worked for a private employer who offered a pension plan?	<input type="text"/>

**Title II Potential Entitlement**

**MAIN MENU**

**PREVIOUS**

**ADD REMARKS**

**COMPLETE**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Person with Military service   SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

Person with Military service   SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

Person with Military service  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Union Member  |  SSN  Relationship to SI

Status of claim for Union benefits  Claim or ID number

Union name

Employer(s)	Period or length of employment

Referral to FO  Reason

---

Union Member  |  SSN  Relationship to SI

Status of claim for Union benefits  Claim or ID number

Union name

Employer(s)	Period or length of employment

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

Referral to FO <input type="button" value="v"/>	Reason <input type="text"/>	
Union Member <input type="button" value="v"/>	SSN <input type="text"/>	Relationship to SI <input type="button" value="v"/>
Status of claim for Union benefits <input type="button" value="v"/>	Claim or ID number <input type="text"/>	
Union name <input type="text"/>		
Employer(s)		Period or length of employment
Referral to FO <input type="button" value="v"/>	Reason <input type="text"/>	

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION **FED** STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Federal Employee    Relationship to SI

Status of claim for Federal employment benefits

Employer(s)	Period or length of employment

Referral to FO

Federal Employee    Relationship to SI

Status of claim for Federal employment benefits

Employer(s)	Period or length of employment

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Referral to FO  Reason

Federal Employee  SSN  Relationship to SI   
 Status of claim for Federal employment benefits  Claim or ID number

Employer(s)	Period or length of employment

Referral to FO  Reason

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

State/Local Employee  SSN  Relationship to SI

Status of claim for State/Local benefits  Claim or ID number

Employer(s)	Period or length of employment

Referral to FO  Reason

State/Local Employee  SSN  Relationship to SI

Status of claim for State/Local benefits  Claim or ID number

Employer(s)	Period or length of employment

BACK

ADD REMARKS

Go to T II

NEXT



# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Employer(s)	Period or length of employment

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL **RAILROAD** OTH COUNTRY PRIVATE PENSION

**Railroad Employee** |  **SSN**  **Relationship to SI**

**Status of claim for Railroad employment benefits**  **RR Claim number**

Employer(s)	Period or length of employment

**Referral to FO**  **Reason**

**Railroad Employee** |  **SSN**  **Relationship to SI**

**Status of claim for Railroad employment benefits**  **RR Claim number**

Employer(s)	Period or length of employment

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Employer(s)	Period or length of employment

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD **OTH COUNTRY** PRIVATE PENSION

Foreign Employee  |  **SSN**  Relationship to SI

Status of claim for Foreign employment benefits  Claim or ID number

Country(ies)	Period or length of employment

Referral to FO  Reason

Foreign Employee  |  **SSN**  Relationship to SI

Status of claim for Foreign employment benefits  Claim or ID number

Country(ies)	Period or length of employment

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Referral to FO  Reason

Foreign Employee  SSN  Relationship to SI   
 Status of claim for Foreign employment benefits  Claim or ID number

Country(ies)	Period or length of employment

Referral to FO  Reason

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

|

Employer(s)	Period or length of employment

---

|

Employer(s)	Period or length of employment

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Referral to FO  Reason

Employee  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Private Sector employment benefits

Employer(s)	Period or length of employment

Referral to FO  Reason

**BACK**

**ADD  
REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth

ES Date of Birth

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

**Has the SI ever applied for retirement benefits on his/her own record?**

An application can be taken up to 4 months before the person reaches the required age.  
Consider all prior periods of SSI entitlements as well as the current period.

**Is the SI within 4 months of age 62 or older?****Is the SI insured per PEBES or other queries?****Referral to FO****Reason**

BACK

ADD  
REMARKS

NEXT



# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record  SI-DIB- Own Record  SI-AUXILIARY  SI-SURVIVOR  ES-RET- Own Record  ES-DIB- Own Record  ES-AUXILIARY  ES-SURVIVOR

Has the SI ever applied for disability benefits on his/her own record?

Is the SI insured per DISCO or other queries?

Referral to FO  Reason

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | **SI-AUXILIARY** | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Mother's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>
--------------------	----------------------	-----	----------------------

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO <input type="text"/>	Reason <input type="text"/>
-------------------------------------	-----------------------------

## Child Benefits

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  ES Date of Birth

**Child Benefits**

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Mother's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>
--------------------	----------------------	-----	----------------------

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

**Spouse Benefits**

Was the SI ever married?

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | **SI-AUXILIARY** | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

## Spouse Benefits

Was the SI ever married?

Has the SI ever applied for benefits from current or prior Spouse?

Did the SI have any marriages that lasted at least 10 years

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

Spouse's Name	<input type="text"/>	SSN	<input type="text"/>
Spouse's Name	<input type="text"/>	SSN	<input type="text"/>

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

## Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
Mother's Name	<input type="text"/>	SSN	<input type="text"/>
Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Child Benefits

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  ES Date of Birth

SI-RET- Own Record SI-DIB- Own Record SI-AUXILIARY **SI-SURVIVOR** ES-RET- Own Record ES-DIB- Own Record ES-AUXILIARY ES-SURVIVOR

## Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name  SSN

Mother's Name  SSN

Grandparent's Name  SSN

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Widow(er) benefits

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | **SI-SURVIVOR** | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

## Widow(er) benefits

Was the SI ever married?

Has the SI ever applied for benefits from deceased Spouse?  Is the SI disabled?

Did the SI have any marriages that lasted at least 10 years?

Did the SI have a marriage that lasted 9 months that did not end in divorce?

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

Spouse's Name	<input type="text"/>	SSN	<input type="text"/>
Spouse's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record SI-DIB- Own Record SI-AUXILIARY **SI-SURVIVOR** ES-RET- Own Record ES-DIB- Own Record ES-AUXILIARY ES-SURVIVOR

Referral to FO  Reason

### Parent's benefits

Was the SI the Parent of a deceased worker?

Worker's Name  SSN

Worker's Name  SSN

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

BACK

ADD REMARKS

NEXT



# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth

ES Date of Birth

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

Has the ES ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age. Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older?

Is the ES insured per PEBES or other queries?

Referral to FO

Reason

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | **ES-DIB- Own Record** | ES-AUXILIARY | ES-SURVIVOR

Has the ES ever applied for disability benefits on his/her own record?

Is the ES insured per DISCO or other queries?

Referral to FO |  | Reason

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | **ES-AUXILIARY** | ES-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
Mother's Name	<input type="text"/>	SSN	<input type="text"/>
Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Spouse's Benefits

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Spouse's Benefits

Is the SI entitled to RIB/DIB benefits?

Has the ES ever applied for benefits on the SI's record ?  Is the ES 62 years of age or older?

Have the SI and ES been married for at least one year?

Does the ES have a child in-care under age 16 or disabled and receiving benefits?

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

**Disabled Adult Child (DAC) Benefits**

Has the ES ever applied for benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Mother's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>
--------------------	----------------------	-----	----------------------

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO	<input type="text"/>	Reason	<input type="text"/>
----------------	----------------------	--------	----------------------

**Widow(er)'s Benefits**

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

SI-RET- Own Record SI-DIB- Own Record SI-AUXILIARY SI-SURVIVOR ES-RET- Own Record ES-DIB- Own Record ES-AUXILIARY ES-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Widow(er)'s Benefits

Did the ES have any prior marriages?

Has the ES ever applied for widow(er) benefits from a prior marriage?

Did the ES marry the SI after attaining 60 years of age?

If no, was the ES disabled and married the SI after attaining 50 years of age?

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# FRAUD

ELEMENT 23

My SSR / MSSICS Notes

Is fraud suspected?

Reason

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# EXCLUSIONS

Is this case excluded?

Reason for exclusion

[Link to QR section](#)