**MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS**

1. QA Office Code: \_\_\_\_\_\_\_\_\_ Sample Cycle: \_\_\_\_\_\_\_\_\_\_\_\_ Study ID: \_\_\_\_\_\_\_\_\_\_

Subsidy Level: \_\_\_\_\_\_\_% Interview date: \_\_\_\_\_\_\_\_\_\_\_\_

2. Beneficiary’s (BN) SSN: \_\_\_\_\_\_\_\_\_\_\_\_

Living-with Spouse’s SSN (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_

Type of Application:  Beneficiary Only  Beneficiary/Living-with Spouse

Date Application Filed: \_\_\_\_\_\_\_\_\_\_ Protective Filing Date/MOE: \_\_\_\_\_\_\_\_\_\_\_

If death precluded interview, provide date of death & exclude: \_\_\_\_\_\_\_\_\_\_\_\_

Other Exclusion (see remarks)  Interview Incomplete (see remarks)

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| Name of BN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living-with Spouse:  Yes  No  Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living-with Spouse contacted:  Yes  No  Remarks: | Other Contact:  Representative Payee (if applicable)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Third Party    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks |

**SSA Records Interview**

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| **1.** **Identity**    SSN:  Beneficiary:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living-with Spouse:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date of Birth  Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living-with Spouse:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.** **Marital Status**    Single, Divorced,  Widow(er),  Married Not  Living-with  Spouse  Married Living-  with Spouse  Remarks: | SSN agrees with systems queries  **Beneficiary** **Living-with Spouse**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Record \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Remarks  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What was your marital status at the time the application was filed?  Single, Divorced, Widow(er), Married Not Living-with Spouse  Married Living-with Spouse  Has there been any change in marital status since the application date?  Yes  No  If yes, indicate type of change below.  Divorce  Separation from Spouse  Annulment  Death of your Spouse  Marriage  Resumption of cohabitation  after separation  Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks |

**Verification Conclusion**

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| **1.** Identity verified:  Beneficiary:  Yes  No  Living-with Spouse:  Yes  No  Remarks | No deficiency  Deficiency  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |
| **2.** Marital Status  No change/Verification not required  Documentary evidence  Divorce Decree  Separation Agreement  Annulment Decree  Death Certificate/SSA  records  Marriage Certificate  Collateral contact made:  Type/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Findings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Documentary evidence unavailable  Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No change  Marital status  Change  No Living-with  Spouse  Living-with  Spouse  No deficiency  Deficiency  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records** **Interview**

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| **3.** **Family Size** (FS)  Number of relatives living with the beneficiary and/or living-with spouse for whom they allege providing at least ½ financial support:  \_\_\_\_\_  Beneficiary  Living-with  Spouse  Total Alleged Family Size: \_\_\_\_  Remarks: | Beneficiary/living-with spouse does not provide ½ support to  relativesin household.  Indicate below: the name, relationship, income and whether or not ½ support is alleged for each relative in the household of the beneficiary or living-with spouse.  (In none, proceed to conclusion column for completion.)   |  |  |  |  | | --- | --- | --- | --- | | **NAME** | **RELATION-SHIP** | **INCOME** | **½ SUPPORT ALLEGED** | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No |   **Average Monthly Household Expenses**    **Type Amount Type Amount**  Food $\_\_\_\_\_\_\_ Gas $\_\_\_\_\_\_\_  Rent $\_\_\_\_\_\_\_ Electricity $\_\_\_\_\_\_\_  Property Property  Tax $\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_  Water $\_\_\_\_\_\_\_ Sewer $\_\_\_\_\_\_\_  Mortgage $\_\_\_\_\_\_\_ Heating/Fuel $\_\_\_\_\_\_\_  Garbage  Removal $\_\_\_\_\_\_\_  Total Average Monthly Household Expenses $\_\_\_\_\_\_\_  Remarks |

**Verification Conclusion**

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| **3.** Family Size  Beneficiary/living-with spouse does not provide ½ support to  relativesin household.  Indicate below: the name, relationship, income and whether or not ½ support is alleged for each relative in the household of the beneficiary or living-with spouse.   |  |  |  |  | | --- | --- | --- | --- | | **NAME** | **RELATION-SHIP** | **INCOME** | **½ SUPPORT ALLEGED** | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No |   **Average Monthly Household Expenses**  **Type Amount Type Amount**  Food $\_\_\_\_\_\_ Gas $\_\_\_\_\_\_  Rent $\_\_\_\_\_\_ Electricity $\_\_\_\_\_\_  Property Property  Tax $\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_  Water $\_\_\_\_\_\_ Sewer $\_\_\_\_\_\_  Mortgage $\_\_\_\_\_\_ Heating/Fuel $\_\_\_\_\_\_  Garbage  Removal $\_\_\_\_\_\_  Total Monthly Household Expenses $\_\_\_\_\_\_  Collateral Contact:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_  Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No deficiency  Deficiency: \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:  Total FS:\_\_\_\_\_\_\_\_\_\_  Difference  Yes  No  Stand Alone Deficiency  Yes  No  Combined Deficiency  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records** **Interview**

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| **4.** **Liquid Resources**  None  Bank Accounts: $\_\_\_\_\_\_  Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: $\_\_\_\_\_\_  Cash: $\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  Computer Match:  $\_\_\_\_\_\_\_  Remarks: | Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.  **Applicant Living-with Spouse**  None  None    Cash $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Checking Account $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Savings Account $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Cert. of Deposit $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Mutual Funds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Credit Union Accts. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Other Bank Account  (Christmas Club, etc.) $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Patient Accounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Savings Bonds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Stocks/Bonds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Promissory Notes $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  401K Plans/Keogh  Accounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Trusts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Other (Explain)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Verification Conclusion**

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| **4.** Liquid Resources  Evidence viewed:  Yes  No  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Collateral contact made?:  Yes  No  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Remarks | None  Total Countable Liquid Resources:  Cash: $\_\_\_\_\_  Checking: $\_\_\_\_\_  Savings: $\_\_\_\_\_  Other: $\_\_\_\_\_  Total: $\_\_\_\_\_  Total countable liquid  resources did not  exceed resource limit  during the Evidentiary  Period.  Liquid resources caused  or contributed to  ineligibility or affected  the Subsidy Level.  No deficiency  Deficiency \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records Interview**

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| **5.Non-home Real**  **Property**  Ownership:  Yes  No  CMV $ \_\_\_\_\_\_\_\_\_  Remarks: | Allegation of Non-Home Real Property ownership by Beneficiary/Living-with Spouse:  Yes  No  Sole Ownership  Beneficiary  Living-with Spouse  Joint ownership  Joint owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMV: $\_\_\_\_\_\_\_ Mortgage balance: $\_\_\_\_\_\_\_\_  Property Essential for Self-Support: $\_\_\_\_\_\_  Lien Holder:  Name/Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sole ownership  Beneficiary  Living-with Spouse  Joint ownership  Joint owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMV: $\_\_\_\_\_\_\_ Mortgage balance: $\_\_\_\_\_\_\_\_  Property Essential for Self-Support: $\_\_\_\_\_\_  Lien Holder:  Name/Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks |

**Verification Conclusion**

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| **5**. Non-Home Real Property  Allegations verified by:  Government records  Tax Assessment Statement  Insert New Text Here  Other (i.e. deed, sales contract, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collateral contact made:  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verified CMV: $\_\_\_\_\_\_\_\_\_\_ Equity Value: $\_\_\_\_\_\_\_\_\_\_  Insert Text  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verified CMV: $\_\_\_\_\_\_\_\_\_\_ Equity Value: $\_\_\_\_\_\_\_\_\_\_\_  Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Property Essential for Self-Support: $\_\_\_\_\_\_  Remarks: | No Non-Home Real  Property ownership for  Beneficiary or Living-  with Spouse  Beneficiary or Living-  with Spouse owns  excluded Non-Home  Real Property  Beneficiary or Living-  with Spouse owns  countable Non-Home  Real Property with a  total equity value of:    $ \_\_\_\_\_\_\_\_  Property Essential for  Self Support: $\_\_\_\_\_\_  No deficiency  Deficiency: \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records** **Interview**

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| **6. Funeral/Burial**  **Expenses**  Funds expected to be used for funeral or burial expenses?  Yes  No  Remarks: | Funds expected to be used for funeral or burial expenses?  Yes  No  Remarks |

**Verification Conclusion**

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| **6.** Funeral/Burial Funds  Add Text | Exclusion does not  apply  Exclusion applies  Beneficiary only  Living-with Spouse  only  Both  No deficiency  Deficiency:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**Total Countable Resources Summary**

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| **Type of Resource Total Value**  Liquid Resources $ \_\_\_\_\_\_\_\_\_\_\_  Non-Home Real Property $ \_\_\_\_\_\_\_\_\_\_\_  **Subtotal** **$\_\_\_\_\_\_\_\_\_\_\_**  Minus Burial Fund Exclusion $\_\_\_\_\_\_\_\_\_\_\_  (If applicable)  **Total $ \_\_\_\_\_\_\_\_\_\_\_**  Add Text | No deficiency  Deficiency:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resources caused ineligibility or affected the subsidy level:  Yes  No |

**SSA Records** **Interview**

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| **7**. **Unearned Income**  **Beneficiary**  None  Income type: \_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_  Income type: \_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_  Computer Match:  $\_\_\_\_\_\_  **Living-with Spouse**  None  Income type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_  Income type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_  Computer Match:  $\_\_\_\_\_\_\_  Remarks: | Indicate the type(s) of unearned income involved and provide the amount and source of verification.    **Beneficiary Living-with Spouse**    Title II $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Title XVI $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Bank Deposits $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  VA Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  VA  Compensation $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gov’t Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Private Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Railroad Retire. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Black Lung $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Educational  Assistance $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  State Dib. Pymt $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Unemployment $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Worker’s Comp. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Sick Pay $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Royalties $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Rental Income $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gifts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Alimony $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Patrimony $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gambling  Proceeds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Child Support $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Cash $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Other $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_    Source:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Verification Conclusion**

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| **7.** Unearned Income  None  Title II (verified by the MBR)  Title XVI (verified by the SSR - *Informational only*)  Verified by award letter or other evidence in  Beneficiary’s/living-with Spouse’s possession.  Collateral contact made:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collateral contact made:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collateral contact made:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unearned Income exclusion established per HI 03020.ff    Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_    Remarks: | Total Yearly Unearned Income  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly Excludable Unearned Income  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly Countable Unearned Income  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records** **Interview**

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| **8. Earned Income**  **Beneficiary**  None  Wages: $ \_\_\_\_\_\_\_  SEI : $ \_\_\_\_\_\_\_  Amounts decreased:  Yes  No  Stopped or plans to stop work?  Yes  No  When? \_\_\_\_\_\_\_\_\_  Work expenses?  Yes  No    Computer Match:  $\_\_\_\_\_\_\_\_\_  **Living-with Spouse**  None  Wages: $ \_\_\_\_\_\_\_  SEI : $ \_\_\_\_\_\_\_  Amounts decreased:  Yes  No  Stopped or plans to stop work?  Yes  No  When? \_\_\_\_\_\_\_\_\_  Work expenses?  Yes  No  Computer Match:  $\_\_\_\_\_\_\_\_\_  Remarks: | Date last worked: Beneficiary \_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_  Date plans to stop work: Beneficiary \_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_  **Beneficiary Living-with Spouse**  Wages $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  NESE $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Sheltered  Workshop  Earnings $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Royalties $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Honoraria $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  In-Kind Earned  Income $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explanation of decrease in earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Work Expenses**  IRWE/BWE  Yes  No  Type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Frequency:  Weekly  Monthly  Yearly  Remarks |

**Verification Conclusion**

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| **8.** Earned Income and Earned Income Exclusions  None  Earned Income established:  See employer contact in file  See systems query (DEQY, SEQY)  See SSA-4201  See tax return  See copy of other business record  See summary of beneficiary’s/living-with Spouse’s  records (i.e. pay stubs)  Collateral contact made:  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Contact: \_\_\_\_\_\_\_\_\_\_\_  Finding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Contact: \_\_\_\_\_\_\_\_\_\_\_  Finding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Earned Income Exclusion established per HI 03020.ff:    Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_    Work Expense(s) established:  IRWE  BWE  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Frequency:  Weekly  Monthly  Yearly  Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Neither Beneficiary  nor Living-with  Spouse has Earned  Income  Beneficiary has  yearly Earned Income  of:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Living-with Spouse  has yearly Earned  Income of:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly Earned Income:  $\_\_\_\_\_\_\_\_\_\_\_  Total Earned Income  Exclusion**:**  Type: \_\_\_\_\_\_\_\_\_\_\_\_  Amount:$\_\_\_\_\_\_\_\_\_  Work Expense(s):  IRWE BWE:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly Countable Earned Income:  $\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**Total Yearly Countable Income Summary**

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| Unearned Income: $ \_\_\_\_\_\_\_\_\_\_\_  Earned Income: $ \_\_\_\_\_\_\_\_\_\_\_  **Total $ \_\_\_\_\_\_\_\_\_\_\_** | No deficiency  Deficiency:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Income caused ineligibility or affected the Subsidy Level:  Yes  No |

**REMARKS/DEFICIENCY ANALYSIS**

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**REMARKS/DEFICIENCY ANALYSIS (continued)**

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| **Reviewer’s Signature:** | **Date:** |

Attach all Reports of Contacts, Available Documentation, Other Related Worksheets and Continuation Pages.