**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 [ ]  NoName of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Living-with Spouse contacted: [ ]  Yes [ ]  NoRemarks: | 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 SpouseRemarks: | **[ ]** 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 SpouseHas there been any change in marital status since the application date? [ ]  Yes [ ]  NoIf yes, indicate type of change below. [ ]  Divorce [ ]  Separation from Spouse[ ]  Annulment [ ]  Death of your Spouse[ ]  Marriage [ ]  Resumption of cohabitation  after separationDate of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks |

 **Verification Conclusion**

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| **1.** Identity verified:  Beneficiary: [ ]  Yes [ ]  No Living-with Spouse: [ ]  Yes [ ]  NoRemarks | **[ ]** No deficiency[ ]  Deficiency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks: |
| **2.** Marital Status**[ ]** No change/Verification not requiredDocumentary 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  SpouseTotal 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.)

|  |  |  |  |
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| **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 PropertyTax $\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_Water $\_\_\_\_\_\_\_ Sewer $\_\_\_\_\_\_\_Mortgage $\_\_\_\_\_\_\_ Heating/Fuel $\_\_\_\_\_\_\_GarbageRemoval $\_\_\_\_\_\_\_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 $\_\_\_\_\_\_GarbageRemoval $\_\_\_\_\_\_Total Monthly Household Expenses $\_\_\_\_\_\_Collateral Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  No deficiency[ ]  Deficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks:Total FS:\_\_\_\_\_\_\_\_\_\_Difference [ ]  Yes [ ]  No Stand Alone Deficiency [ ]  Yes [ ]  NoCombined Deficiency[ ]  Yes [ ]  No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks: |

**SSA Records** **Interview**

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| **4.** **Liquid Resources**[ ]  NoneBank 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/KeoghAccounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_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 ResourcesEvidence 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 | **[ ]** NoneTotal 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 [ ]  NoCMV $ \_\_\_\_\_\_\_\_\_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 PropertyAllegations verified by: [ ]  Government records [ ]  Tax Assessment StatementInsert 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 [ ]  NoRemarks: | Funds expected to be used for funeral or burial expenses? [ ]  Yes [ ]  NoRemarks |

 **Verification Conclusion**

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| **6.** Funeral/Burial FundsAdd 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**[ ]  NoneIncome type: \_\_\_\_\_\_\_\_\_\_\_\_Amount: $ \_\_\_\_\_\_Income type: \_\_\_\_\_\_\_\_\_\_\_\_Amount: $ \_\_\_\_\_\_Computer Match:$\_\_\_\_\_\_**Living-with Spouse**[ ]  NoneIncome 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 $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_EducationalAssistance $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ 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**[ ]  NoneWages: $ \_\_\_\_\_\_\_SEI : $ \_\_\_\_\_\_\_Amounts decreased: [ ]  Yes [ ]  NoStopped or plans to stop work?[ ]  Yes [ ]  NoWhen? \_\_\_\_\_\_\_\_\_Work expenses?[ ]  Yes [ ]  No Computer Match:$\_\_\_\_\_\_\_\_\_**Living-with Spouse**[ ]  NoneWages: $ \_\_\_\_\_\_\_SEI : $ \_\_\_\_\_\_\_Amounts decreased: [ ]  Yes [ ]  NoStopped or plans to stop work? [ ]  Yes [ ]  NoWhen? \_\_\_\_\_\_\_\_\_Work expenses?[ ]  Yes [ ]  NoComputer Match:$\_\_\_\_\_\_\_\_\_Remarks: | Date last worked: Beneficiary \_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_Date plans to stop work: Beneficiary \_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_ **Beneficiary Living-with Spouse**Wages $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_NESE $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_Sheltered WorkshopEarnings $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_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 [ ]  YearlyRemarks |

 **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 [ ]  YearlyFindings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  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.