

FACSIMILE: ACLM - SSI CLAIMS APPLICATION

MSSICS SSI CLAIMS APPLICATION ACLM

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSS TRANSFER TO: XXXX

[2-M]

APPLICATION TYPE: P 1=DEFERRED 2=FULL 3=ABBREVIATED

[3-C]

IF ABBREVIATED, TYPE: 9 1=EXCESS COUNTABLE INCOME
 2=INELIGIBLE RESIDENT OF A PUBLIC INSTITUTION
 3=ABSENCE FROM U.S.
 4=EXCESS RESOURCES
 5=NOT A CITIZEN or LAWFULLY ADMITTED ALIEN
 6=NOT AGED 65, BLIND, OR DISABLED
 7=FAILURE TO PURSUE CLAIM
 8=INMATE OF A PENAL INSTITUTION
 9=NOT A RESIDENT OF THE UNITED STATES

[4-O]

PROTECTIVE FILING DATE (MMDDYY): P P P P P P

[5-M]

EFFECTIVE FILING DATE (MMDDYY): 999999

[6-O]

PENDING FILE BEGIN DATE (MMYY): SSSS

[7-M]

TYPE OF APPLICANT: P 1=CLAIMANT 2=OTHER INDIVIDUAL 3=AGENCY

[8-O]

REMARKS (Y): X

FACSIMILE: CLLG - CLIENT LANGUAGE (SCREEN# 1)

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG
SS SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

[2-M]

FOR WRITTEN COMMUNICATION: PP

- 1. ENGLISH
- 2. SPANISH
- 3. AMERICAN SIGN LANGUAGE
- 4. ALASKA NATIVE
- 5. ALBANIAN
- 6. AMERICAN INDIAN-APACHE
- 7. AMERICAN INDIAN-CHOCTAW
- 8. AMERICAN INDIAN-CROW
- 9. AMERICAN INDIAN-DAKOTA
- 10. AMERICAN INDIAN-LAKOTA
- 11. AMERICAN INDIAN-NAKOTA
- 12. AMERICAN INDIAN-NAVAJO
- 13. AMERICAN INDIAN-ZUNI
- 14. AMERICAN INDIAN-OTHER
- 15. AMHARIC
- 16. ARABIC
- 17. ARMENIAN
- 18. ASSYRIAN
- 19. BENGALI
- 20. BOSNIAN
- 21. BULGARIAN
- 22. BURMESE
- 23. CAMBODIAN
- 24. CHAMORRO
- 25. CHINESE-CANTONESE
- 26. CHINESE-FORMOSAN
- 27. CHINESE-MANDARIN
- 28. CHINESE-MIEN
- 29. CHINESE-SHANGHAINESE
- 30. CHINESE-TAIWANESE
- 31. CHINESE-TOISHANESE
- 32. CHINESE-OTHER
- 33. CREOLE-CRIOLLO
- 34. CREOLE-FRENCH
- 35. CREOLE-HAITIAN
- 36. CREOLE-OTHER
- 37. CROATIAN
- 38. CZECH
- 39. DUTCH
- 40. FARSI
- 41. FINNISH
- 42. FRENCH
- 43. GERMAN
- 44. GREEK
- 45. GUJARATHI

(ENGLISH

AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY
ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL
ONLY)

s of s

FACSIMILE: ACID - CLIENT IDENTIFICATION

MSSICS CLIENT IDENTIFICATION ACID

[1-O]

SSS-SS-SSSS TRANSFER TO: XXXX

[2-M]

NAME: PPPPPPPPPPPPPPP PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPP PPPP

[3-M] [4-M]

SEX (M/F): P BIRTHDATE (MMDDCCYY): PPPPPPP

[5-M] [6-C]

BIRTHDATE PROOF: P

PROOF TYPE: P

A=ALLEGED OR N/A

P=PRE-AGE FIVE STATE/LOCAL PUBLIC

B=PRIMARY EVIDENCE

BIRTH CERTIFICATE

C=CONVINCING EVIDENCE

H=HOSPITAL BIRTH RECORD

F=DOB PREVIOUSLY ESTABLISHED N=NOTIFICATION OF BIRTH REGISTRATION

Q=DOB ESTABLISHED (OTHER) O=OTHER EVIDENCE OF AGE

[7-M]

[8-C]

[9-C]

BIRTHPLACE CITY: PPPPPPPPPPPPPPP STATE: PP OR COUNTRY: PP

[10-M]

OTHER NAMES USED OR SSNS PREVIOUSLY ISSUED/USED (Y/N): P

[11-M]

FILING, CLAIM PENDING, OR EVER ELIGIBLE FOR SSI SINCE 99/99/9999 (Y/N): P

[12-O]

MOTHER'S MAIDEN NAME: PPPPPPPPPPPPPPP PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPP
PPPP

[13-O]

FATHER'S NAME: PPPPPPPPPPPPPPP PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPP PPPP

[14-O]

[15-O]

[16-O]

DATE OF DEATH (MMDDCCYY): PPPPPPP PROOF (Y/N): X REMOVE DEATH (Y): X

[17-O]

SOURCE OF NOTIFICATION: P 1=FO 2=EDR 3=MBR 4=TREASURY

[18-O]

REMARKS (Y): X

FACSIMILE: ACLD - ADDITIONAL CLIENT DATA

MSSICS ADDITIONAL CLIENT DATA ACLD

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSS TRANSFER TO: XXXX

[2-D]

SS/SS/SSSS

[3-M]

MARRIED AS OF OR ANYTIME SINCE SS/SS/SSSS (Y/N): X

[4-C]

TERMINATED MARRIAGE(S) PRIOR TO SS/SS/SSSS (Y/N): X

[5-O]

POSSIBLE HOLDING OUT RELATIONSHIP AS OF OR ANYTIME SINCE SS/SS/SSSS (Y/N): X

[6-C]

[7-C]

DISABLED (Y/N/U): X BLIND (Y/N/U): X

[8-C]

WHY NOT FILING FOR SSI: XX

[9-C]

NUMBER OF CHILDREN LIVING WITH CLAIMANT SINCE SS/SS/SSSS: PP

[10-O]

SSNS FOR APPLICABLE INELIGIBLE CHILDREN:

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

[12-C]

[11-D]

SPONSOR OF ALIEN WITH PERMANENT LEGAL RESIDENT STATUS SINCE SS/SS/SSSS,
WHO IS RECEIVING SSI (Y/N): X

[13-C]

SPONSOR HAS DEPENDENTS (Y/N): B

[14-O]

REMARKS (Y): X

FACSIMILE 1: AMAR - MARRIAGE DATA

MSSICS

MARRIAGE DATA

PAGE 1 OF AMAR

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

SPOUSE NAME: VVVVVVVVVVVVVVVVV VVVVVVVVVVVVVVVVV
VVVVVVVVVVVVVVVVVVVVVVVV VVVV

[3-C]

SPOUSE SSN: VVVVVVVVVV

[4-C]

LIVING TOGETHER SINCE SS/SS/SSSS (Y/N): X

[5-C]

MARRIAGE DATE (MMDDCCYY): PPPPPPP

[6-M]

MARRIAGE ENDED (Y/N): B

[7-C]

IF YES, DATE ENDED (MMDDCCYY): 99999999

[8-C]

REASON MARRIAGE ENDED: X 1=DIVORCE 2=DEATH 3=ANNULMENT 4=OTHER

[9-C]

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[10-O]

[11-O]

[12-O]

ANOTHER MARRIAGE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE: ACHD - CHILD DATA

MSSICS

CHILD DATA

ACHD

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-D]

LIVING WITH DEEMOR PARENT(S) SINCE SS/SS/SSSS (Y/N): X

[4-C]

[5-C]

FATHER SSN: P P P P P P P P P MOTHER SSN: P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

NON-DEEMOR PARENT (S) :

[6-C]

[7-C]

FATHER SSN: P P P P P P P P P MOTHER SSN: P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

P P P P P P P P P

[8-O]

REMARKS (Y): X

FACSIMILE: ACIT - CITIZENSHIP

MSSICS

CITIZENSHIP

ACIT

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-C]

U.S. CITIZENSHIP STATUS: P

1=BIRTH IN THE U.S.

2=U.S. CITIZEN BORN OUTSIDE U.S.

3=NATURALIZED CITIZEN

4=ALIEN

5=NORTH AMERICAN INDIAN ALIEN EXCEPTION

[3-C]

DATE OF CHANGE (MMDDYY): 999999

[4-C]

IF U.S. CITIZENSHIP STATUS IS 1, 2, 3 OR 5, PROOF: 9

1=ALLEGATION

2=NUMIDENT (MEETS CRITERIA FOR Q CITIZENSHIP STATUS CODE)

3=NUMIDENT (NO U.S. PLACE OF BIRTH SHOWN)

4=BIRTH/BAPTISMAL RECORD

[5-C]

5=OTHER TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[6-C]

[7-O]

CITIZENSHIP CHANGE (Y): X

PRE-1/1/79 RECORD (Y/N): X

[8-O]

REMARKS (Y): X

FACSIMILE 1: AALN - ALIEN DATA

MSSICS

ALIEN DATA

PAGE 1 OF AALN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-M]

U.S. ENTRY DATE (MMDDCCYY): PPPPPPPP

COUNTRY OF ORIGIN: XX

[4-M]

[5-O]

ALIEN STATUS CODE: X

ALIEN STATUS VERIFIED (Y/N): X

[6-M]

GRANDFATHERED ALIEN (Y/N): X

[7-C]

IF CODE K, S, Y OR 3, DATE OF LAPR (MMDDCCYY): 99999999

[8-C]

IF CODE F, REFUGEE PER SECTION 207 (Y/N): X

[9-C]

IF CODE L, ASYLEE STATUS GRANTED DATE (MMDDYY): 999999

[10-C]

IF CODE X AND CUBAN/HAITIAN ENTRANT, DATE GRANTED (MMYY): 9999

[11-C]

IF CODE G OR X, PAROLEE STATUS GRANTED FOR 1 YEAR OR MORE (Y/N): X

[12-O]

IF CODE J AND SECTION 243(H), 241(B)(3),

DEPORTATION WITHHELD DATE (MMDDYY): 999999

[13-C]

IF CODE Z, BATTERY PETITION FILED (Y/N): X

[14-O]

[15-C]

[16-C]

EXCEPTION MET: 9 FROM (MMDDYY): 999999 TO: (MMDDYY): 999999

1=ACTIVE DUTY MILITARY/VETERAN 3=CHILD OF MILITARY/VETERAN

2=SPOUSE/WIDOW(ER) OF MILITARY/VETERAN

[17-C]

IF EXCEPTION 2 OR 3, MILITARY/VETERAN SSN: 999999999

[18-C]

IF CODE K, S, Y OR 3 OR NEW VERSION AFFIDAVIT IN EFFECT,

40 QCS CREDITED (Y/N): X [19-C]

IF YES, DATE MET (MMYY): 9999

[20-C]

[21-C]

QCS FROM ANOTHER WORKER (Y/N): X IF YES, WORKER SSN: 999999999

[23-C]

[22-D]

[24-O]

SPONSORED AT ANY TIME SINCE SS/SS/SSSS (Y/N): X

REMARKS (Y): X

FACSIMILE: ASEG - SPONSORED BY ORGANIZATION

MSSICS SPONSORED BY ORGANIZATION ASEG

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[2-M]

ORGANIZATION NAME: XX

[3-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX [4-C]

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CONSULAR
CODE: 999

[5-M]

[6-C]

[7-C]

CITY : XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999

[8-C]

[9-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE:
XXXXXXXXXXXXXXXXXXXXX

[10-O]

[11-O]

PHONE NO: 999 999 9999

FOREIGN PHONE NO: XXXXXXXXXXXXXXXXXXXX

[12-O]

REMARKS (Y): X

FACSIMILE: ARES - RESIDENCY/PRESENCE IN U.S.

MSSICS RESIDENCY/PRESENCE IN U.S. ARES

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[2-M]

RESIDENT OF THE U.S. (Y/N): X

[3-C]

IF YES, FIRST U.S. RESIDENCY DATE (MMDDCCYY): PPPPPPPP

[4-C]

EVER RESIDED OUTSIDE THE U.S. SINCE FIRST U.S. RESIDENCY (Y/N): X

[5-C]

[6-C]

IF YES, FROM (MMDDCCYY): TO (MMDDCCYY):

99999999 99999999

99999999 99999999

[8-C]

[7-D]

CONTINUOUS PRESENCE IN U.S. SINCE SS/SS/SSSS (Y/N): X

[9-C]

[10-C]

IF NO, LEFT (MMDDCCYY): RETURNED (MMDDCCYY):

99999999 99999999

99999999 99999999

[11-O]

REMARKS (Y): X

FACSIMILE: AWRF - FELONY WARRANT

MSSICS

FELONY WARRANT

AWRF

[1-O]

SSS-SS-SSSS

TRANSFER TO: XXXX

[2-M]

DATE WARRANT ISSUED (MMDDYY): 999999

[3-O]

DATE FLED (MMDDYY): 999999

[4-M]

WARRANT SELECTED/ISSUED IN ERROR (Y/N): X

[5-C]

WARRANT SATISFIED (Y/N): X

[6-C]

IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999

[7-C]

GOOD CAUSE: 9 1=ESTABLISHED

2=NOT ESTABLISHED

[8-O]

[9-O]

[10-O]

ANOTHER WARRANT (Y): X

DELETE THIS SOURCE (Y): X

REMARKS (Y): X

FACSIMILE: ALEF - LAW ENFORCEMENT

MSSICS LAW ENFORCEMENT ALEF

[1-O]

SSS-SS-SSSS TRANSFER TO: XXXX

[2-M]

ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A FELONY (Y/N):
X

[3-C]

[4-C]

IF YES, IN WHICH STATE: XX OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[5-D]

[6-C]

SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X

[7-M]

ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X

[8-C]

IF STATE LAW, WHICH STATE: XX

[9-D]

[10-C]

SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE OR
PROBATION VIOLATION(Y/N): X

[11-O]

REMARKS (Y): X

FACSIMILE: AWRP - PAROLE OR PROBATION VIOLATION WARRANT

MSSICS PAROLE OR PROBATION VIOLATION WARRANT AWRP

[1-O]

SSS-SS-SSSS

TRANSFER TO: XXXX

[2-M]

DATE WARRANT ISSUED (MMDDYY): 999999

[3-O]

DATE VIOLATED PAROLE OR PROBATION (MMDDYY): 999999

[4-M]

WARRANT SELECTED/ISSUED IN ERROR (Y/N): X

[5-C]

WARRANT SATISFIED (Y/N): X

[6-C]

IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999

[7-C]

GOOD CAUSE: 9 1=ESTABLISHED

2=NOT ESTABLISHED

[8-O]

[9-O]

[10-O]

ANOTHER WARRANT (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE 1: LRES - RESIDENCE ADDRESS

MSSICS

RESIDENCE ADDRESS

PAGE 1 OF LRES

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[4-M]

[5-O]

[6-C]

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[7-O]

[8-O]

COUNTY: XXXXXXXXXXXXXXXXXXXXXXXX COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP

[9-O]

[10-O]

CONSULAR CODE: PPP POSTAL ZONE: PPPPPPPPPPPPPPP

[11-M]

JURISDICTIONAL RESIDENCE ADDRESS SAME AS ABOVE (Y/N): X

[12-C]

CHILD OF ARMED FORCES MEMBER STATIONED

OUTSIDE THE U.S. BY ORDER (Y/N): X

[13-C]

IF YES, VERIFIED (Y/N): X

[14-C]

OUTSIDE U.S. RESIDENCE START DATE (MMYY): 9999

[15-M]

RESIDENCE STATE/COUNTY CODE: PPPPPP

[16-O]

STATE/COUNTY OVERRIDE (Y) :

[17-O]

REMARKS (Y): X

FACSIMILE 1: LINS - INSTITUTION RESIDENCE DATA

MSSICS INSTITUTION RESIDENCE DATA PAGE 1 OF LINS

[1-D] [2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX
[3-M]

INSTITUTION NAME: BBBB... [4-M]

ADDRESS: PPPP...
PPPP...

[5-M] [6-C] [7-M]

CITY: PPPP... STATE: PP ZIP: PPPP

[8-C]

COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[9-O]

TELEPHONE: PPP PPP PPPP

[10-D] [11-O]

ADMISSION DATE (MMDDYY): SS/SS/SS DISCHARGE DATE (MMDDYY): 999999

[12-M]

VERIFIED (Y/N): X

[13-D]

DATE INSTITUTIONALIZATION BEGAN (MMDDYY): SS/SS/SS

[14-M] [15-M]

INSTITUTION: 9 1=PUBLIC CONFINEMENT REASON: 9 1=MEDICAL/PSYCH
2=PRIVATE 2=EDUCATION/VOC

3=EMERG SHELTER

4=PUB COMM RES

[16-C] 5=PRISONER

OVER 50% MEDICAID PAYMENTS (Y/N): B 6=OTHER

[17-C]

PRIVATE HEALTH INSURANCE (Y/N): B

[18-C]

INSTITUTION FOR FOOD STAMP PURPOSES (Y/N): P

[19-O]

REMARKS (Y): X

FACSIMILE: LNON - NONINSTITUTIONAL CARE

MSSICS NONINSTITUTIONAL CARE LNON

[1-D] [2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

PLACEMENT AGENCY NAME:

XX

[4-M]

ADDRESS: XXX

XX

[5-O]

TELEPHONE: 999 999 9999

[6-M]

AGENCY RESPONSIBILITY VERIFIED (Y/N): X

[7-M]

CURRENT MARKET VALUE OF MONTHLY CARE: 9999999

[8-M]

CLAIMANT PAYS ENTIRE CMV FROM OWN FUNDS (Y/N): X

[9-C]

IF NO, MONTHLY CHARGE FOR CLAIMANT'S CARE: 9999999

[10-C]

AMOUNT PAID BY CLAIMANT: 9999999

[11-C]

DOES PLACEMENT AGENCY PAY ANY OF THE BALANCE (Y/N): X

[12-C]

EXPLANATION FOR MORE THAN USUAL CHARGE:

XX

[13-O]

REMARKS (Y): X

FACSIMILE: LHID - HOUSEHOLD INCOME DATA

MSSICS HOUSEHOLD INCOME DATA LHID

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

ALL PUBLIC ASSISTANCE HOUSEHOLD (Y/N): X

[4-C]

PUBLIC ASSISTANCE WITH AFDC PAYMENT CAP HOUSEHOLD (Y/N) : X

[5-C]

LOAN AGREEMENT REGARDING HOUSEHOLD EXPENSES (Y/N): X

[6-C]

IF YES, BONA FIDE LOAN EXISTS (Y/N): X

[7-C]

IF YES, ASSUMED TO COVER PRO RATA SHARE (Y/N): X

[8-O]

DEVELOPMENT OF INSIDE ISM/UNSTATED INCOME NECESSARY (Y/N) : X

[9-O]

REMARKS(Y): X

FACSIMILE: LPUB - PUBLIC ASSISTANCE

MSSICS

PUBLIC ASSISTANCE

LPUB

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[4-M]

[3-D]

TYPE OF

[5-M]

HOUSEHOLD MEMBER:

ASSISTANCE:

VERIFIED (Y/N):

| [3-D] | TYPE OF | [5-M] | VERIFIED (Y/N): |
|--------------------------------------|---------|-------------------------|-----------------|
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 1 = AFDC | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 2 = RECEIVES SSI | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 3 = REFUGEE | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 ASSISTANCE | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 4 = BIA | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 5 = GENERAL | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 ASSISTANCE | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 6 = VA | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 7 = DISASTER/ | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 EMERGENCY | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 ASSISTANCE | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 8 = OTHER | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 9 = FILING FOR | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 SSI | X |
| SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS | | 9 9 9 10 = AFDC PMT CAP | X |

[6-C]

OTHER:

XX

[7-O]

REMARKS (Y): X

FACSIMILE 1: LHHC -- HOUSEHOLD COMPOSITION

MSSICS HOUSEHOLD COMPOSITION PAGE _ OF LHHC

[1-D] [2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

SUMMARY

[3-O] [4-D] [5-D]

| DELETE(X): | HOUSEHOLD MEMBER: | RELATIONSHIP: |
|------------|----------------------------------|----------------------|
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
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| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |

[6-O] [7-O] [8-O]

REVIEW GROUP SCREENS (Y): X ADDITIONAL INELIGIBLES (Y): X REMARKS (Y): X

FACSIMILE: LOWN - HOME OWNERSHIP DATA

MSSICS HOME OWNERSHIP DATA LOWN

[1-D] [2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

MORTGAGE PAYMENT: 9999999

[4-C]

FREQUENCY OF MORTGAGE PAYMENT: 9 1=MONTHLY

2=BI-WEEKLY

3=QUARTERLY

4=YEARLY

[5-O]

REMARKS(Y): X

FACSIMILE 1: LORD - OWNED/RENTAL DATA

MSSICS

OWNED/RENTAL DATA

PAGE 1 OF LORD

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-C]

CLAIMANT HEAD OF HOUSEHOLD (Y): X

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

2=THIS HOUSEHOLD MEMBER RENTS

3=NO ONE IN HOUSEHOLD OWNS OR RENTS (CLAIMANT/ELIGIBLE SPOUSE ONLY)

4=DEEMOR (NOT LIVING WITH) OWNS OR RENTS (CLAIMANT/ELIGIBLE SPOUSE ONLY)

[4-M]

[5-D]

[6-D]

SELECT: HOUSEHOLD MEMBER:

RELATIONSHIP:

| | | |
|---|----------------------------------|----------------------|
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |
| X | SSSSSSSSSS S SSSSSSSSSSSSSSSSSSS | SSSSSSSSSSSSSSSSSSSS |

[7-D]

[8-O]

MORE: X

REMARKS (Y): X

FACSIMILE 1: LRNT - RENTAL DATA

MSSICS

RENTAL DATA

PAGE 1 OF LRNT

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

RENTAL PAYMENT: 9999999

[4-C]

FREQUENCY OF RENTAL PAYMENT: 9 1=MONTHLY 3=DAILY
2=WEEKLY 4=BI-WEEKLY

[5-C]

RENTAL LIABILITY VERIFIED(Y/N): X

[6-M]

ANYONE IN HOUSEHOLD RELATED TO LANDLORD OR SPOUSE
AS PARENT OR CHILD(Y/N): X

[7-C]

[8-C]

CURRENT MARKET RENTAL VALUE: 9999999 VERIFIED(Y/N): X

[9-C]

LANDLORD NAME: XXX

[10-C]

ADDRESS: XXX
XX

[11-O]

TELEPHONE: 999 999 9999

[12-D]

RENTAL SUBSIDY: SSSSSSS

[13-O]

REMARKS (Y): X

FACSIMILE 1: LXHP - HOUSEHOLDER ISM/CASH DATA

MSSICS

HOUSEHOLDER ISM/CASH DATA

PAGE 1 OF LXHP

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

DO OTHERS CONTRIBUTE TO HOUSEHOLD EXPENSES (Y/N): X

[4-C]

EAT ALL MEALS OUT(Y/N): X

[5-C]

IF NO, BUY FOOD SEPARATE FROM HOUSEHOLD (Y/N): X

[6-C]

[7-C]

CONTRIBUTION AVERAGE PERIOD FROM (MMYY): PPPP TO (MMYY): PPPP

[8-C]

AMOUNT OTHERS CONTRIBUTE: 9999999

[9-C]

MONTHLY LOAN AMOUNT: 9999999

[10-C]

AMOUNT CLAIMANT CONTRIBUTES: 9999999

[11-O]

REMARKS (Y): X

FACSIMILE 1: LISM - ISM

MSSICS ISM PAGE 1 OF LISM

[1-D] [2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

PERSON RECEIVING ISM: 9 1=SSSSSS SSSSSSSSS

2=SSSSSS SSSSSSSSS

3=BOTH EQUALLY

[4-M]

SOURCE NAME: PPP

[5-M]

SOURCE ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[6-C]

[7-C]

ISM COUNTABLE (Y/N): P IF NO, REASON:

[8-C]

XX

TYPE OF ISM: P 1=FOOD

2=SHELTER

3=CLOTHING/ISM TO ONE

4=FOOD/SHELTER (NOT HOUSEHOLD SITUATIONS)

[9-C]

NUMBER WHO SHARE FOOD: 99

[10-O]

[11-O]

[12-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE: LCHG - LIVING ARRANGEMENT CHANGE

MSSICS

LIVING ARRANGEMENT CHANGE

LCHG

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[3-M]

CHANGE IN LIVING ARRANGEMENT AND/OR RESIDENCE SITUATION SINCE

SS/SS/SS (Y/N): X

[4-C]

IF YES, DATE OF CHANGE (MMDDYY): 999999

[5-C]

IF NO, EXPECT CHANGE IN LIVING ARRANGEMENT AND/OR RESIDENCE (Y/N): X

[6-O]

SHOW LIVING ARRANGEMENT SUMMARY (Y/N): X

[7-O]

REMARKS (Y): X

FACSIMILE 1: RVEH - VEHICLES

MSSICS

VEHICLES

PAGE 1 OF RVEH

[1-O]

SSSSSSSS SSSS SSSSSSSSS

TRANSFER TO: XXXX

[2-M]

TYPE: 9 1=AUTO 2=TRUCK 3=CAMPER 4=BOAT 5=MOTORCYCLE 6=OTHER

[3-C]

IF OTHER, EXPLAIN: XXX

[4-M]

[5-M]

[6-M]

YEAR: 99 MAKE: XXXXXXXXXXXXXXXX MODEL: XXXXXXXXXXXX

[7-C]

USE 04/01/2005 OR LATER: 9 1=TRANSPORTATION 2=OTHER

[8-C]

IF OTHER, EXPLAIN: XXX

[9-C]

USE BEFORE 04/01/2005: 9

1=EMPLOYMENT 2=MEDICAL TREATMENT 3=SPECIALLY EQUIPPED FOR HANDICAPPED

4=NECESSARY FOR ESSENTIAL DAILY ACTIVITIES 5=OTHER

[10-C]

IF OTHER, EXPLAIN: XXX

[11-O]

[12-O]

CO-OWNED (Y/N): X PASS EXCLUSION (Y/N): X

[13-O]

[14-O]

RESOURCE DISPOSAL AGREEMENT(Y/N): X PROOF OF DISPOSAL(Y/N): X

[15-O]

[16-O]

[17-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS(Y): X

FACSIMILE 1: RLIF - LIFE INSURANCE

MSSICS

LIFE INSURANCE

PAGE 1 OF RLIF

[1-O]

SSSSSSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

TYPE OF POLICY: 9 1=POLICY WITH CSV (WHOLE LIFE, UNIVERSAL LIFE,
TERM WITH CSV, ETC.)

2=POLICY WITHOUT CSV

[3-M]

NAME OF INSURED: P 1=SAME AS ABOVE 2=OTHER

[4-C]

IF OTHER, SPECIFY: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX XXXX

[5-M]

[6-C]

FACE VALUE: 999999999 IF POLICY WITH CSV, CSV NEEDED (Y/N): X

[7-M]

COMPANY: PPP

[8-O]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[9-O]

[10-O]

POLICY NUMBER: XXXXXXXXXXXXXXXX DATE PURCHASED (MMDDYY): 999999

[11-M]

POLICY PAYS DIVIDEND ACCUMULATIONS (Y/N): X

[12-C]

IF POLICY HAS CSV AND NO DIVIDEND ACCUMULATIONS,

POLICY PAYS DIVIDEND ADDITIONS (Y/N): X

[13-O]

[14-O]

SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X

[15-O]

IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999

[16-O]

[17-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[18-O]

[19-O]

[20-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE 1: RMEN - RESOURCES MENU

MSSICS

RESOURCES MENU

PAGE 1 OF RMEN

SSSSSSSSSS SSSSS SSSSSSSSSS

[1-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[2-D]

[3-D][4-D]

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS
02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS
03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

[5-M]

(Y/N)

X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X LIFE INSURANCE

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X CASH

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

- X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)
01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X
- X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS
01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X
- X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,
(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)
01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X
- X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,
TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES
OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)
01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X BURIAL CONTRACTS OR TRUST (FUNDS SET ASIDE FOR BURIAL)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS, OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[6-D]

[7-D]

[8-D]

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS

SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[9-O]

X DISPLAY RESOURCES SUMMARY

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 1: RFIA - FINANCIAL INSTITUTION ACCOUNTS

MSSICS FINANCIAL INSTITUTION ACCOUNTS PAGE 1 OF RFIA

[1-O]

SSSSSSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

TYPE OF ACCOUNT: 9 1=CHECKING 5=TIME DEPOSIT
2=SAVINGS 6=INDIVIDUAL INDIAN MONIES
3=CREDIT UNION 7=OTHER
4=CHRISTMAS CLUB

[3-C]

IF OTHER, SPECIFY: XXX

[4-M]

EARNs INTEREST (Y/N): X

[5-O]

ACCOUNT NUMBER: XXXXXXXXXXXXXXXXXXXXXXXX

[6-M]

INSTITUTION NAME: PPP

[7-O]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[8-O]

[9-O]

[10-O]

CO-OWNED (Y/N): X SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X

[11-O]

[12-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[13-O]

[14-O]

[15-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE 1: RSTB - STOCKS AND BONDS

MSSICS

STOCKS AND BONDS

PAGE 1 OF RSTB

[1-O]

SSSSSSSS SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

TYPE: 9 1=U.S. SAVINGS BOND (SERIES E AND EE)

2=U.S. SAVINGS BOND (SERIES H AND HH)

3=OTHER BOND

4=STOCK

5=MUTUAL FUND

[3-M]

DESCRIPTION: XX
XX

[4-C]

IF TYPE IS 2, 3 OR 5, EARNS INTEREST (Y/N): X

[5-C]

IF TYPE IS 4 OR 5, EARNS DIVIDENDS (Y/N): X

[6-O]

[7-O]

[8-O]

CO-OWNED (Y/N): X SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X

[9-O]

[10-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[11-O]

[12-O]

[13-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

RNOT - PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

MSSICS PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS PAGE 1 OF RNOT

[1-O]

SSSSSSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[2-M]

TYPE: 9 1=PROMISSORY NOTE/COMMERCIAL LOAN 3=ORAL/INFORMAL LOAN
2=WRITTEN/INFORMAL LOAN 4=PROPERTY AGREEMENT

[3-M]

[4-O]

BORROWER: XX PHONE:
999 999 9999

[5-M]

ADDRESS : XX
XX

[6-M]

EARNS INTEREST (Y/N): X

IF TYPE = 2 OR 3 COMPLETE THE FOLLOWING:

[7-C]

[8-C]

DATE OF ORIGINAL LOAN: 999999 AMOUNT OF ORIGINAL LOAN: 999999999

[9-C]

DESCRIBE COLLATERAL:

XX

[10-C]

IS THERE A TIMETABLE OR PLAN TO REPAY (Y/N): X

[11-C]

HOW DOES BORROWER INTEND TO REPAY:

XX

[12-C]

VALID UNDER STATE LAW (Y/N): X

[13-O]

[14-O]

[15-O]

CO-OWNED (Y/N): X SET ASIDE FOR BURIAL (Y/N): X PASS EXCLUSION (Y/N): X

[16-O]

IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999

[17-O]

[18-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[19-O]

[20-O]

[21-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACSIMILE 1: ROTH - OTHER RESOURCES

MSSICS OTHER RESOURCES PAGE 1 OF ROTH

[1-O]

SSSSSSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[2-M]

TYPE: 9 1=LIFE ESTATE OTHER THAN RESIDENCE 5=TRUST
2=UNPROBATED ESTATE OTHER THAN RESIDENCE 6=RETIREMENT/PENSION FUND

3=BELONGINGS HELD IN SAFE DEPOSIT BOX 7=MINERAL RIGHTS

4=LIFE INSURANCE DIVIDEND ACCUMULATIONS 8=OTHER

[3-C]

IF OTHER, SPECIFY: XXX

[4-M]

DESCRIPTION: XXX
XX

[5-C]

IF TYPE = 1, 2, 5, 7 OR 8 INCOME FROM PROPERTY (Y/N): X

[6-C]

IF TYPE = 5 DISBURSEMENTS FROM TRUST (Y/N): X

[7-C]

IF TYPE = 5 OR 8 QUALIFIES AS MEDICAID TRUST (Y/N): X

[8-O]

IF TYPE = 4, 5, 6 OR 8 SET ASIDE FOR BURIAL (Y/N): X

[9-O]

[10-O]

CO-OWNED (Y/N): X PASS EXCLUSION (Y/N): X

[11-O]

[12-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[13-O]

[14-O]

[15-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

FACsimile: afip – financial institutions permission

MSSICS FINANCIAL INSTITUTIONS PERMISSION AFIP

[1-o]

999-99-9999 SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

PERMISSION TO CONTACT FINANCIAL INSTITUTIONS (Y/N): X

[3-C]

IF NO, GOOD CAUSE ESTABLISHED (Y/N): X

[4-M]

PERMISSION AND / OR GOOD CAUSE CHANGED, DATE (MMDDYY): 999999

[5-C]

ineligibility notice date (mmddyy): 999999

[6-o]

permission status change (y): x

[7-C]

REMARKS (Y): X

FACSIMILE: RGIV - PROPERTY/CASH GIVEN OR SOLD

MSSICS PROPERTY/CASH GIVEN OR SOLD RGIV

[1-O]

SSSSSSSSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[2-M]

DESCRIPTION OF PROPERTY:

XX

[3-M]

RECEIVER NAME: XXX

[4-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[5-M]

RELATIONSHIP TO NEW OWNER: 9 1=NON-RELATIVE 2=RELATIVE

[6-M]

[7-M]

TRANSFER DATE (MMDDYY): 999999 MARKET VALUE OR AMOUNT OF CASH GIFT:
9999999999

[8-M]

NATURE OF TRANSFER: 9 1=SOLD ON OPEN MARKET 3=EXCHANGED FOR GOODS OR
SERVICES

2=GIVEN AWAY 4=OTHER

[9-C]

IF SOLD, SALES PRICE: 999999999

[10-C]

IF EXCHANGED FOR GOODS OR SERVICES,

SPECIFY GOODS/SERVICES RECEIVED:

XX

[11-C]

IF OTHER, EXPLAIN NATURE OF

TRANSFER:XX

[12-M]

ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED (Y/N): X

[13-C]

EXPLAIN CONSIDERATIONS OR PROCEEDS:

XX

[14-M]

STILL OWN PART OF PROPERTY (Y/N): X

[15-O]

[16-O]

[17-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

X 9999 9999 SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSS SSSS
 X 9999 9999 SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSS SSSS
 X 9999 9999 SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSS SSSS
 X 9999 9999 SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSS SSSS
 X OTHER CO-OWNERS

[12-O]

[14-O]

ANOTHER SOURCE (Y): X

REMARKS(Y): X

[9-O]

[11-O]

ANOTHER SOURCE (Y): X

REMARKS (Y):X

FACSIMILE: ISSA – SOCIAL SECURITY

MSSICS

SOCIAL SECURITY

PAGE 1 OF ISSA

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-C]

[4-M]

RECENT FILING (Y/N): X IF YES, DATE (MMYY):9999 ID: 999999999XXX

[5-M]

[6-M]

[7-C]

[8-C]

[9-O]

[10-D]

[11-C]

FROM: TO: ALLEGED VERIFIED DEDUCTIONS POSTED TYPE

| | AMOUNT: | AMOUNT: | (Y): | AMOUNT: | (A,S): |
|-----------|----------|----------|------|----------|--------|
| 9999 9999 | 99999999 | 99999999 | X | SSSSSSSS | X |
| 9999 9999 | 99999999 | 99999999 | X | SSSSSSSS | X |
| 9999 9999 | 99999999 | 99999999 | X | SSSSSSSS | X |
| 9999 9999 | 99999999 | 99999999 | X | SSSSSSSS | X |
| 9999 9999 | 99999999 | 99999999 | X | SSSSSSSS | X |

[12-O]

CONTINUATION SHEET (Y): X

[13-O]

[14-O]

[15-O]

ANOTHER SOURCE(Y): X DELETE THIS SOURCE(Y): X REMARKS(Y): X

C. FACSIMILE 2: DEDUCTIONS

MSSICS

DEDUCTIONS

PAGE S OF ISSA

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[17-D]

[18-D]

GARNISHED POSSIBLE

FOR COURT DOUBLE

[19-D]

[16-D]

ORDERED COUNTING/ APPLY

[20-O]

BEFORE OR IV-D OVERPAYMENT DOUBLE OTHER

[5-M] [6-M] DEDUCTION SUPPORT RECOVERY COUNTING DEDUCTION

FROM: TO: AMOUNT: AMOUNT: AMOUNT: (Y/n): AMOUNT:

| | | | | | |
|-------------|------------|----------|----------|---|----------|
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |
| SS/SS SS/SS | SSSSSSSSSS | 99999999 | 99999999 | X | 99999999 |

[21-O]

OTHER DEDUCTION AMOUNT REASON:

XX

[22-D]

MORE (Y): S

[15-O]

REMARKS (Y): X

| | | | | | | |
|------|------|----|----------|----------|---|----------|
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |
| 9999 | 9999 | XX | 99999999 | 99999999 | X | SSSSSSSS |

[15-C]

IF FREQUENCY IS NOT MONTHLY - DATE LAST/NEXT PAID (MMDDYY): 999999

[21-O]

ANOTHER CONTINUATION SHEET (Y): X

[18-O]

[19-O]

ANOTHER SOURCE (Y): X

REMARKS (Y):

FACSIMILE 1: ISEI - SELF-EMPLOYMENT INCOME

MSSICS

SELF-EMPLOYMENT INCOME

PAGE 1 OF ISEI

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-O]

BUSINESS NAME: XX EIN: 999999999

[4-M]

BUSINESS ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX

[5-M]

ARE YOU STILL SELF-EMPLOYED? (Y/N): X

[6-O]

ENTER MONTHS OF TAXABLE YEAR IF OTHER THAN CALENDAR YEAR: 99 TO 99

[7-M] [8-C] [9-C] [10-C] [11-C] [12-O] [13-D]

GROSS PROFITLOSS ALLEGED VERIFIED DEDUCTIONS POSTED

| YEAR: | INCOME: | (P\L): | NET: | NET: | (Y): | AMOUNT |
|-------|----------|--------|----------|----------|------|----------|
| 9999 | 99999.99 | X | 99999.99 | 99999.99 | X | SSSSSSSS |
| 9999 | 99999.99 | X | 99999.99 | 99999.99 | X | SSSSSSSS |
| 9999 | 99999.99 | X | 99999.99 | 99999.99 | X | SSSSSSSS |
| 9999 | 99999.99 | X | 99999.99 | 99999.99 | X | SSSSSSSS |
| 9999 | 99999.99 | X | 99999.99 | 99999.99 | X | SSSSSSSS |

[14-O]

[15-O]

[16-O]

ANOTHER SOURCE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

OTHER DEDUCTION AMOUNT REASON:

XX

[21-D]
MORE (Y): S
[16-O]
REMARKS (Y): X

FACSIMILE: INEQ - BLIND OR DISABLED WORK EXPENSES

MSSICS BLIND OR DISABLED WORK EXPENSES INEQ

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[2-C]

(IF THE ELIGIBLE INDIVIDUAL IS BLIND)

DO YOU HAVE ANY WORK EXPENSES? (Y/N): X

[3-C]

(IF THE ELIGIBLE INDIVIDUAL IS DISABLED)

DO YOU HAVE ANY SPECIAL EXPENSES RELATED TO YOUR ILLNESS OR INJURY
THAT YOU PAID WHICH ARE NECESSARY FOR YOU TO WORK? (Y/N): X

[4-C]

IS SGA INVOLVED? (Y/N): X