





<p><b>Subsidy Application</b> ➔ <b>Applicant Information</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> No. of Relatives &amp;</li><li><input checked="" type="checkbox"/> Savings &amp; Accounts</li><li><input checked="" type="checkbox"/> Burial &amp; Real Estate</li><li><input checked="" type="checkbox"/> Unearned Income</li><li><input checked="" type="checkbox"/> Application Summary</li><li><input checked="" type="checkbox"/> Medicare Savings Programs</li><li><input checked="" type="checkbox"/> Contact Information</li><li><input checked="" type="checkbox"/> Third Party Info</li></ul>	<p><b>Applicant Information</b></p> <p><b>Marital Status</b> Single</p> <p><b>Applicant's Name</b></p> <p><b>Applicant's Social Security Number/ID#</b></p> <p><b>Spouse's Name</b></p> <p><b>Spouse's Social Security Number/ID#</b></p> <p><b>Who is applying?</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Only you are applying</li><li><input type="radio"/> Both you and your spouse are applying on this application</li><li><input type="radio"/> Not Yet Answered</li></ul> <p><b>Have you (or spouse if married and living together) worked in the last two years?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p>
	<p style="text-align: center;"><input type="button" value="Continue"/> <input type="button" value="Save and Return"/></p>

<p><b>Subsidy Application</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Applicant Information</li><li><input checked="" type="checkbox"/> No. of Relatives</li><li><input checked="" type="checkbox"/> <b>Savings &amp; Accounts</b></li><li><input checked="" type="checkbox"/> Burial &amp; Real Estate</li><li><input checked="" type="checkbox"/> Unearned Income</li><li><input checked="" type="checkbox"/> Application Summary</li><li><input checked="" type="checkbox"/> Medicare Savings Programs</li><li><input checked="" type="checkbox"/> Contact Information</li><li><input checked="" type="checkbox"/> Third Party Info</li></ul> 	<p><b>Savings and Accounts</b></p> <p>If you are married and living with your spouse, do you have savings, investments, or real estate (other than your home) worth more than \$23,970 ?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Sure</p> <p>Do you (and your spouse if married and living together) own any of the following items, including items that either of you own separately, jointly or with another person?</p> <p><b>Bank Accounts (checking, savings and certificates of deposit)</b></p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total value \$ <input type="text" value="0.00"/></p> <p><b>Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments</b></p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total value \$ <input type="text" value="0.00"/></p> <p><b>Any other cash at home or anywhere else</b></p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total value \$ <input type="text" value="0.00"/></p>
<p style="text-align: center;"><input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/></p>	

<p><b>Subsidy Application</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Applicant Information</li><li><input checked="" type="checkbox"/> No. of Relatives</li><li><input checked="" type="checkbox"/> Savings &amp; Accounts</li><li><input checked="" type="checkbox"/> <b>Burial &amp; Real Estate</b></li><li><input checked="" type="checkbox"/> Unearned Income</li><li><input checked="" type="checkbox"/> Application Summary</li><li><input checked="" type="checkbox"/> Medicare Savings Programs</li><li><input checked="" type="checkbox"/> Contact Information</li><li><input checked="" type="checkbox"/> Third Party Info</li><li><input type="checkbox"/> Penalty of Perjury</li></ul>	<p><b>Burial and Real Estate</b></p> <p>Will some money from the sources listed above be used to pay for funeral or burial expenses? If yes, skip to the next question. Otherwise, enter no.</p> <p><input checked="" type="radio"/> Yes   <input type="radio"/> No</p> <p>Other than your home and the property on which it is located, do you own any real estate? Examples of other real estate are summer homes, rental properties, or undeveloped land you own.</p> <p><input type="radio"/> Yes   <input checked="" type="radio"/> No   <input type="radio"/> Not Yet Answered</p> <p>Current Market Value   \$0</p> <p>Amount Owed   \$0</p> <p><input type="button" value="Continue"/>   <input type="button" value="Previous"/>   <input type="button" value="Save and Return"/></p>
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<b>Subsidy Application</b>	
<input checked="" type="checkbox"/> Applicant Information	<b>No. of Relatives</b>
<input checked="" type="checkbox"/> <b>No. of Relatives</b>	<b>Not counting your spouse if you are married, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? We count relatives related to you by blood, marriage or adoption. Do not include yourself or your spouse in the number you enter.</b>
<input checked="" type="checkbox"/> Savings & Accounts	<input type="text"/>
<input checked="" type="checkbox"/> Burial & Real Estate	
<input checked="" type="checkbox"/> Unearned Income	
<input checked="" type="checkbox"/> Application Summary	
<input checked="" type="checkbox"/> Medicare Savings Programs	
<input checked="" type="checkbox"/> Contact Information	
<input checked="" type="checkbox"/> Third Party Info	



- Subsidy Application**
- Applicant Information
  - No. of Relatives
  - Savings & Accounts
  - Burial & Real Estate
  - ➔ Unearned Income**
  - Application Summary
  - Medicare Savings Programs
  - Contact Information
  - Third Party Info



**Unearned Income**

Do you (and your spouse if married and living together) receive income from any of the following sources?

- If Yes, enter the TOTAL MONTHLY INCOME
- If the amount for you and your spouse is combined, enter the total amount in the field for you
- If the amount changes from month to month, enter the AVERAGE MONTHLY INCOME for the past year for each type
- Do not list wages and self-employment, interest income, Public Assistance, Medical Reimbursements or Foster Care payments here.

**Railroad Retirement Benefits Before Deductions**

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$   
 Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$   
 Agency Reported Amount \$0

Total Railroad Retirement \$

**Veterans Benefits Before Deductions**

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$   
 Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$   
 Agency Reported Amount \$0

Total Veterans \$

Other pensions or annuities. Do Not include money from the accounts listed earlier.

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$   
 Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Total Pensions and Annuities \$

Other unearned income, including alimony, net rental income, worker's compensation, private or state disability payments etc.

You  Yes  No  Not Yet Answered

If Yes, specify type of income

Enter average monthly amount \$

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If Yes, specify type of income

Enter average monthly amount \$


Agency Reported Amount \$0


Total Other Income \$

Have any of these amounts decreased during the last two years?

Yes  No  Not Yet Answered

<p><b>Subsidy Application</b></p> <ul style="list-style-type: none"><li>✓ Applicant Information</li><li>✓ No. of Relatives</li><li>✓ Savings &amp; Accounts</li><li>✓ Burial &amp; Real Estate</li><li>✓ Unearned Income</li><li>✓ Earned Income</li><li>✓ Application Summary</li><li>✓ Medicare Savings Programs</li><li>✓ Contact Information</li><li>✓ Third Party Info</li><li>➔ <b>Penalty of Perjury</b></li></ul>	<p><b>Medicare Savings Programs</b></p> <p>You may be able to get help from your state with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information from this application to your state unless you tell us not to. If you are interested in the Medicare Savings Programs, skip this question. Otherwise, enter NO.</p> <p><input type="checkbox"/> Not interested, do not send information to the state.</p>
<p style="text-align: center;"><input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/></p>	



<b>Subsidy Application</b>	
<input checked="" type="checkbox"/> Applicant Information	<b>Earned Income</b>
<input checked="" type="checkbox"/> No. of Relatives &	
<input checked="" type="checkbox"/> Savings & Accounts	
<input checked="" type="checkbox"/> Burial & Real Estate	
<input checked="" type="checkbox"/> Unearned Income	
<input checked="" type="checkbox"/> <b>Earned Income</b>	
<input checked="" type="checkbox"/> Work Expenses for Disability & Work Stop Date	
<input checked="" type="checkbox"/> Application Summary	
<input checked="" type="checkbox"/> Contact Information	
<input checked="" type="checkbox"/> Third Party Info	
	

**Do you expect to earn wages this calendar year?**

Yes  No  Not Yet Answered

**If yes, total amount BEFORE TAXES and DEDUCTIONS** \$

**Agency Reported Amount** \$0

**If self-employed, do you expect NET earnings or a net loss this calendar year?**

Yes  No  Not Yet Answered

**If yes, expected NET earnings or less this year** \$  **Net Loss**

**Agency Reported Amount** \$0

Net Loss

**Have your wages before taxes or net earnings from self-employment decreased in the last two years?**

Yes  No  Not Yet Answered



MAPS - New Application - Work Expenses for Disability & Work Stop Date - Microsoft Internet Explorer provided by IRWD SP1 - Alp

MAPS VALIDATION Monday, June 1, 2009 PAUL THORNTON MAPS Help • Email/Net • CSR Query ATWE

**Subsidy Application**

Applicant Information

No. of Relatives & Help With Expenses

Savings & Accounts

Insurance, Rental & Real Estate

Unearned Income


**Work Expenses for Disability & Work Stop Date**

Application Summary

Contact Information

Third Party Info

Penalty of Perjury



**Work Expenses for Disability and Work Stop Date**

**IF YOU recently stepped working or plan to stop working then enter the month and year that YOU stepped or plan to stop.**

Month (MM):  Year (YYYY):

**Do you have to pay for things related to a disability or blindness (as defined under the rules set by Social Security for blindness and disability that enable you to work)? Examples of such expenses include:**

<ul style="list-style-type: none"> <li>• Cost of drugs and medical treatment for AIDS, cancer, depression or epilepsy</li> <li>• Vehicle modifications, driver assistance or other work-related transportation needs</li> <li>• Wheelchair</li> </ul>	<ul style="list-style-type: none"> <li>• Personal attendant services</li> <li>• Work-related assistive technology</li> <li>• Guide dog expense</li> <li>• Sensory and Visual aids</li> <li>• Braille translations</li> </ul>
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Yes  No  Not Yet Answered

IRWE BWE Money Amount: \$

Done Local Internet

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<b>Subsidy Application</b> <input checked="" type="checkbox"/> Applicant Information <input checked="" type="checkbox"/> No. of Relatives & <input checked="" type="checkbox"/> Savings & Accounts <input checked="" type="checkbox"/> Burial & Real Estate <input checked="" type="checkbox"/> Unearned Income <input checked="" type="checkbox"/> Application Summary <input checked="" type="checkbox"/> Medicare Savings Programs <input checked="" type="checkbox"/> <b>Contact Information</b> <input checked="" type="checkbox"/> Third Party Info	<b>Contact information</b> <b>Your Phone Number</b> ( ) - <b>Your Mailing Address</b> <b>Street Address</b> <b>Apartment No.</b> <b>Address Line 3</b> <b>Address Line 4</b> <b>City</b> <b>State</b> <b>Zip</b> - (To change the address/phone number on the MBR, POS must be used) <b>If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.</b> <b>Contact Person's Name</b> <b>First</b> <b>M.I.</b> <b>Last</b> <b>Suffix</b> <b>Contact Person's Phone Number</b> ( ) - <input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/>
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# ATPP

Internet Explorer - InfoCast


MARS - New Application - Print

File Edit View Favorites Tools Help

Address: file:///K:\MMA 2010 Legislation\Policy New 1020\MARS - New Application - Penalty of Perjury 1020.htm

MARS VALIDATION Friday, May 29, 2009 MARY T ROCHE MARS Help Home User CSU Users ATPP

<b>Subsidy Application</b>	<b>Penalty of Perjury</b>
<input checked="" type="checkbox"/> Applicant Information	<p>I understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.</p> <p>By submitting this application I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits and pensions.</p> <p>I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge.</p> <p><input checked="" type="radio"/> Applicant attests that all information provided on this application is correct.</p> <p><input type="radio"/> Applicant declines Attestation</p> <p><input type="radio"/> Not Yet Answered</p> <p>Print</p> <p><input type="checkbox"/> Print Receipt When Finished.</p>
<input checked="" type="checkbox"/> Help With Expenses	
<input checked="" type="checkbox"/> Savings & Accounts	
<input checked="" type="checkbox"/> Budget & Real Estate	
<input checked="" type="checkbox"/> Unearned Income	
<input checked="" type="checkbox"/> Application Summary	
<input checked="" type="checkbox"/> Education Savings Programs	
<input checked="" type="checkbox"/> Contact Information	
<input checked="" type="checkbox"/> Third Party Info	
<input checked="" type="checkbox"/> <b>Penalty of Perjury</b>	



Local Intranet

**Privacy Act Statement  
Collection and Use of Personal Information**

**Application for Extra Help with Medicare Prescription Drug Plan Costs**

Section 1860 D-14 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine if you are eligible for help paying your share of the cost of a Medicare prescription drug plan.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your application.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices 60-0090, entitled Master Beneficiary Record, and 60-0321, entitled Medicare Part D and Part D Subsidy File. Additional information about these and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

***SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:***

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this information collection is 0960-0696. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***