

SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

Residence Address:

Telephone:

Mailing Address:

Telephone:

TYPE OF INTERVIEW

Telephone NONE

Reviewer Name:

Interview Date:

OTHER CASE INFORMATION

Death of SI Date Death of ES Date

- SI Payee Involvement
- Eligible Couple Case
- ES Payee Involvement

Do Support Materials Include a 1099?

First Day in SM Review Period:

Retroactive Payment Amount:

Retroactive Review Period:

From: To:

EXIT

TOOLS

START

SI's Name Propagates Here

SSR Date of Death:

SI's Date of Death:

Is this an Automated Death Case?

QR 07020.500 A. " Note: The automated Death Process changes the TMR of a record but not the HUN. Therefore cases may be selected for review where the HUN individual is not recently deceased and the death was already established in the past. For these situations, treat the surviving spouse as the SI and follow regular review and development procedures. "

Troughout this form you'll see the ES SSR data as if the ES was the only SI. The only reference to the original SI will be in APP file name.

Did the SI die prior to the SM?

Were all payments in the sample period returned timely?

Exclude the case in eQA using code 09. Form SSA-e8508 is not required.

Exclude the case in eQA using code 01. Form SSA-e8508 is not required.

eQA Determination:

Code an error using deficiency code 008 in eQA. Form SSA-e8508 is not required.

CLOSE

Death Of Eligible Spouse



ES's Name Propagates Here

SSR Date of Death:

ES's Date of Death:

Did the ES die prior to the SM?

Were all payments in the sample period returned timely?

Exclude the case in eQA using code 09. Form SSA-e8508 is not required.

Exclude the case in eQA using code 01. Form SSA-e8508 is not required.

eQA Determination:

Code an error using deficiency code 008 in eQA. Form SSA-e8508 is not required.

CLOSE

e8508 Main Menu

| | | | | | | | |
|----|-----------------------------|--------------------------|-----|----|------------------------------|--------------------------|-----|
| 1 | Proof of Identity / SSN | <input type="checkbox"/> | UTC | 13 | Negative Property Search | <input type="checkbox"/> | UTC |
| 2 | POA / US-Born Citizenship | <input type="checkbox"/> | UTC | 14 | Vehicles | <input type="checkbox"/> | UTC |
| 3 | Nat. Citizen / Alien Status | <input type="checkbox"/> | UTC | 15 | Life Insurance | <input type="checkbox"/> | UTC |
| 4 | Residency | <input type="checkbox"/> | UTC | 16 | Other Non-Liquid Resources | <input type="checkbox"/> | UTC |
| 5 | Marriage | <input type="checkbox"/> | UTC | 17 | Burial Assets | <input type="checkbox"/> | UTC |
| 6 | Living Arrangements / ISM | <input type="checkbox"/> | UTC | 18 | Transfer of Resources | <input type="checkbox"/> | UTC |
| 7 | Self Employment | <input type="checkbox"/> | UTC | 19 | Summaries | <input type="checkbox"/> | UTC |
| 8 | Wages | <input type="checkbox"/> | UTC | 20 | Representative Payee | <input type="checkbox"/> | UTC |
| 9 | Unearned Income | <input type="checkbox"/> | UTC | 21 | Death of Material Individual | <input type="checkbox"/> | UTC |
| 10 | Financial Accounts | <input type="checkbox"/> | UTC | 22 | Potential Entitlement | <input type="checkbox"/> | UTC |
| 11 | Other Liquid Resources | <input type="checkbox"/> | UTC | 23 | Fraud | <input type="checkbox"/> | UTC |
| 12 | Non-Home Property | <input type="checkbox"/> | UTC | 24 | Exclusions | <input type="checkbox"/> | UTC |

START-UP
FORM

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SYSTEMS DATA

DETERMINATION

SI Identity

SSN

SI-PYE Name

ES Name

ES SSN

ES-PYE Name

MAIN
MENUSI ID
ScreenSI Payee
ID ScreenES Payee
ID ScreenADD
REMARKS COMPLETE

NEXT

PROOF OF IDENTITY / SSN**ELEMENT 1**

My SSR / MSSICS Notes

SI

SI VERBAL IDENTIFICATION

ES

| | SYSTEMS DATA | MATCH | INTERVIEW |
|-------------------|--------------|--------------------------|-----------|
| Name | | <input type="checkbox"/> | |
| SSN | | <input type="checkbox"/> | |
| DOB | | <input type="checkbox"/> | |
| POB | | <input type="checkbox"/> | |
| Residence Address | | <input type="checkbox"/> | |
| Mailing Address | | <input type="checkbox"/> | |
| Other Information | | <input type="checkbox"/> | |

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

|

SI

ES

ES VERBAL IDENTIFICATION

| | SYSTEMS DATA | MATCH | INTERVIEW |
|-------------------|--------------|-------|-----------|
| Name | | ▼ | |
| SSN | | ▼ | |
| DOB | | ▼ | |
| POB | | ▼ | |
| Residence Address | | ▼ | |
| Mailing Address | | ▼ | |
| Other Information | | ▼ | |

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type Competency Custody

Type of Payee: Non-Organizational Payee Organizational Payee

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

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

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type Competency Custody

Type of Payee: Non-Organizational Payee Organizational Payee

**PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL**

ORGANIZATIONAL PAYEE

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

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type Competency Custody

Type of Payee: Non-Organizational Payee Organizational Payee

**PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE**

NON-ORGANIZATIONAL PAYEE

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

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

SI Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

| | | | | | |
|------|--|------------|--|---------|--|
| Type | | Competency | | Custody | |
|------|--|------------|--|---------|--|

Type of Payee: Non-Organizational Payee Organizational Payee

**PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE**

ORGANIZATIONAL PAYEE

| | SYSTEMS DATA | MATCH | INTERVIEW |
|------------------------------|--------------|-------|-----------|
| Organization Name | | ▾ | |
| Organization's Contact Name | | | |
| Organization's Contact Title | | | |
| EIN | | ▾ | |
| Org. Address | | ▾ | |
| ES Name | | ▾ | |
| ES SSN | | ▾ | |
| ES DOB | | ▾ | |
| ES POB | | ▾ | |
| Residence Address | | ▾ | |
| Mailing Address | | ▾ | |

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

SI Payee ID Screen

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB FTH
 POB MTH
 Citizenship Code

SYSTEMS DATA ES

DOB FTH
 POB MTH
 Citizenship Code

SI

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

ES

SAMPLE INDIVIDUAL

DOB Determination

US-Born Citizenship Determination

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

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

SI
ES

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

SAMPLE INDIVIDUAL

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

DOB Determination

US-Born Citizenship Determination

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

SYSTEMS DATA

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

My SSR / MSSICS Notes

| | | | |
|----|----------------------------------|----------------------|----------------------------------|
| SI | SI's Name Propagates Here | | |
| ES | NATURALIZED CITIZEN | | |
| | Country of Birth | <input type="text"/> | |
| | Type of Evidence | <input type="text"/> | ▼ |
| | Document Number | <input type="text"/> | |
| | Date of Issue | <input type="text"/> | |
| | ALIEN STATUS | | |
| | Country of Birth | <input type="text"/> | |
| | Type of Evidence | <input type="text"/> | ▼ |
| | Document Number | <input type="text"/> | |
| | Date of Issue | <input type="text"/> | |
| | Alien Number | <input type="text"/> | Card Number <input type="text"/> |
| | Expiration Date | <input type="text"/> | |

| | | |
|------------------|----------------------|---|
| SI Determination | <input type="text"/> | ▼ |
|------------------|----------------------|---|

| | | |
|------------------|----------------------|---|
| ES Determination | <input type="text"/> | ▼ |
|------------------|----------------------|---|

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

[NEXT](#)

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

SYSTEMS DATA

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

My SSR / MSSICS Notes

SI

ES's Name Propagates Here

ES

NATURALIZED CITIZEN

Country of Birth

Type of Evidence

▼

Document Number

Date of Issue

ALIEN STATUS

Country of Birth

Type of Evidence

▼

Document Number

Date of Issue

Alien Number

Card Number

Expiration Date

SI Determination

▼

ES Determination

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

[NEXT](#)

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

| | | SM | IM | BM |
|----|-----|----|----|----|
| SI | PSY | | | |
| ES | PSY | | | |

My SSR / MSSICS Notes

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

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

MAIN
MENU

PREVIOUS

ADD
REMARKS
 COMPLETE

NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

| | | SM | IM | BM |
|----|-----|----|----|----|
| SI | PSY | | | |
| ES | PSY | | | |

My SSR / MSSICS Notes

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

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

| | | | |
|----|----------------------|----------------------------|----------------------|
| SI | <input type="text"/> | Purpose of Travel | <input type="text"/> |
| | <input type="text"/> | Date left U.S. | <input type="text"/> |
| ES | <input type="text"/> | Date Returned to U.S. | <input type="text"/> |
| | <input type="text"/> | Type Of Evidence | <input type="text"/> |
| | <input type="text"/> | Development Required? | <input type="text"/> |
| | <input type="text"/> | Method of Travel | <input type="text"/> |
| | <input type="text"/> | Method of Payment | <input type="text"/> |
| | <input type="text"/> | Source of Funds | <input type="text"/> |
| | <input type="text"/> | Was the Ticket a Gift? | <input type="text"/> |
| | <input type="text"/> | Was the Ticket Refundable? | <input type="text"/> |
| | <input type="text"/> | Unearned Income Suspected? | <input type="text"/> |

SI Determination

ES Determination

MAIN
MENU

PREVIOUS

ADD
REMARKS

COMPLETE

NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

| | | SM | IM | BM |
|----|-----|----|----|----|
| SI | PSY | | | |
| ES | PSY | | | |

My SSR / MSSICS Notes

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

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

SI

ES's Name Propagates Here

ES

ALLEGED

VERIFIED

| | | | |
|--|--|------------------------|----------------------|
| | | Destination | |
| | | Purpose of Travel | |
| | | Date left U.S. | |
| | | Date Returned to U.S. | |
| | | Type Of Evidence | <input type="text"/> |
| | | Development Required? | <input type="text"/> |
| | | Method of Travel | <input type="text"/> |
| | | Method of Payment | <input type="text"/> |
| | | Source of Funds | <input type="text"/> |
| | | Was the Ticket a Gift? | <input type="text"/> |

SI Determination

ES Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

| | | SM | IM | BM |
|----|-----|----|----|----|
| SI | PSY | | | |
| ES | PSY | | | |

My SSR / MSSICS Notes

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

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

| | | | |
|----|----------------------|----------------------------|----------------------|
| SI | <input type="text"/> | Purpose of Travel | <input type="text"/> |
| | <input type="text"/> | Date left U.S. | <input type="text"/> |
| ES | <input type="text"/> | Date Returned to U.S. | <input type="text"/> |
| | <input type="text"/> | Type Of Evidence | <input type="text"/> |
| | <input type="text"/> | Development Required? | <input type="text"/> |
| | <input type="text"/> | Method of Travel | <input type="text"/> |
| | <input type="text"/> | Method of Payment | <input type="text"/> |
| | <input type="text"/> | Source of Funds | <input type="text"/> |
| | <input type="text"/> | Was the Ticket a Gift? | <input type="text"/> |
| | <input type="text"/> | Was the Ticket Refundable? | <input type="text"/> |
| | <input type="text"/> | Unearned Income Suspected? | <input type="text"/> |

SI Determination

ES Determination

MAIN
MENU

PREVIOUS

ADD
REMARKS

COMPLETE

NEXT

MARRIAGE

ELEMENT 5

SYSTEMS DATA

My SSR / MSSICS Notes

| | | | | | |
|-------------|----|----|----|-------------|-----|
| | SM | IM | BM | SPOUSE NAME | SSN |
| MS Code | | | | | |
| Holding Out | ▼ | | | | |

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

Does the SI's allegation match the SSR? ▼

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

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

| | |
|-----------------|---|
| EVIDENCE TYPE | ▼ |
| ISSUING ENTITY | |
| PLACE ISSUED | |
| DOCUMENT NUMBER | |
| DATE ISSUED | |
| DATE RECORDED | |
| EVENT DATE | |

| DETERMINATION | |
|---------------|---|
| BM | ▼ |
| IM | ▼ |
| SM | ▼ |

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

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

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

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

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

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

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

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

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

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

HH Composition

Home Ownership

Rental

Other LA

HH Expenses

Institution

Non-Institution

Transients

ISM

OSS

LA Change

Address History

Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

5 Residence Type

6 If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

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

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

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

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

My SSR / MSSICS Notes

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

LA Navigator

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

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

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

INSTITUTION

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

INSTITUTION

ELEMENT 6

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

INSTITUTION

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

INSTITUTION

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

INSTITUTION

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

INSTITUTION

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

INSTITUTION

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



INSTITUTION

ELEMENT 6

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

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



INSTITUTION

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

INSTITUTION

ELEMENT 6

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

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

INSTITUTION

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



INSTITUTION

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

Main LA
Screen

ADD
REMARKS

NEXT



NON-INSTITUTIONAL CARE

ELEMENT 6

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

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

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

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

| | Date Propagates Here | VERIFIED |
|--|------------------------------|---|
| | Residence Address | |
| | Name of Facility | |
| | Type of Facility | ▼ |
| | # of Residents | <input style="width: 50px;" type="text"/> |
| | Facility License # | <input style="width: 100%;" type="text"/> |
| | Expiration Date | <input style="width: 100%;" type="text"/> |
| | Facility Contact Information | |
| | Facility Rep. Name | <input style="width: 100%;" type="text"/> |
| | Title of Contact | <input style="width: 100%;" type="text"/> |
| | Type of Contact | ▼ |
| | Date of Contact | <input style="width: 100%;" type="text"/> |
| | Date of Admission | <input style="width: 100%;" type="text"/> |
| | Date of Discharge | <input style="width: 100%;" type="text"/> |
| | Total Charge | <input style="width: 50%;" type="text"/> |
| | SI's Payment Amount | <input style="width: 50%;" type="text"/> |

Main LA Screen

ADD REMARKS

NEXT



NON-INSTITUTIONAL CARE

ELEMENT 6

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

| ALLEGED | Date Propagates Here | VERIFIED |
|---------|------------------------------|---|
| | Residence Address | |
| | Name of Facility | |
| | Type of Facility | ▼ |
| | # of Residents | <input style="width: 50px;" type="text"/> |
| | Facility License # | <input style="width: 100%;" type="text"/> |
| | Expiration Date | <input style="width: 100%;" type="text"/> |
| | Facility Contact Information | |
| | Facility Rep. Name | <input style="width: 100%;" type="text"/> |
| | Title of Contact | <input style="width: 100%;" type="text"/> |
| | Type of Contact | ▼ |
| | Date of Contact | <input style="width: 100%;" type="text"/> |
| | Date of Admission | <input style="width: 100%;" type="text"/> |
| | Date of Discharge | <input style="width: 100%;" type="text"/> |
| | Total Charge | <input style="width: 50px;" type="text"/> |
| | SI's Payment Amount | <input style="width: 50px;" type="text"/> |

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

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

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

Main LA Screen

ADD REMARKS

NEXT



NON-INSTITUTIONAL CARE

ELEMENT 6

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

| | Date Propagates Here | VERIFIED |
|--|------------------------------|---|
| | Residence Address | |
| | Name of Facility | |
| | Type of Facility | ▼ |
| | # of Residents | <input style="width: 50px;" type="text"/> |
| | Facility License # | <input style="width: 100%;" type="text"/> |
| | Expiration Date | <input style="width: 100%;" type="text"/> |
| | Facility Contact Information | |
| | Facility Rep. Name | <input style="width: 100%;" type="text"/> |
| | Title of Contact | <input style="width: 100%;" type="text"/> |
| | Type of Contact | ▼ |
| | Date of Contact | <input style="width: 100%;" type="text"/> |
| | Date of Admission | <input style="width: 100%;" type="text"/> |
| | Date of Discharge | <input style="width: 100%;" type="text"/> |
| | Total Charge | <input style="width: 50px;" type="text"/> |
| | SI's Payment Amount | <input style="width: 50px;" type="text"/> |

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

| 1 | ALLEGED | Date Propagates Here | VERIFIED |
|---|----------------------|-----------------------------|----------------------|
| 2 | <input type="text"/> | Residence Address | <input type="text"/> |
| 3 | | Acquisition Date | <input type="text"/> |
| 4 | | Disposal Date | <input type="text"/> |
| 5 | <input type="text"/> | Name of Home Owner(s) | <input type="text"/> |
| 6 | | Home Ownership Type? | <input type="text"/> |
| | <input type="text"/> | Monthly Mortgage | <input type="text"/> |
| | | Evidence | <input type="text"/> |
| | | Home ownership established? | <input type="text"/> |

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA
ScreenADD
REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA
Screen

ADD
REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA
Screen

ADD
REMARKS

NEXT

RENTAL LIABILITY**ELEMENT 6****SYSTEMS DATA**

CG Field Codes

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

Main LA
ScreenADD
REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

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

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA
Screen

ADD
REMARKS

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|-----------------|----------|
|---------|-----------------|----------|

| | | |
|--|-------------------|--|
| | Residence Address | |
|--|-------------------|--|

| | | |
|--|----------|--|
| | Evidence | |
|--|----------|--|

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

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

| Amount | Amount | Evidence |
|--------|--------|----------|
|--------|--------|----------|

| | | |
|--|--|--|
| | SI/Deemor contributes toward household expenses? | |
|--|--|--|

| | | |
|--|--|--|
| | SI's contribution earmarked for shelter? | |
|--|--|--|

| | | |
|--|---------------------------------------|--|
| | SI's contribution earmarked for food? | |
|--|---------------------------------------|--|

| | |
|--------------|--|
| VTR applies? | |
|--------------|--|

HH Expenses Summary

FOOD

SHELTER

0

Total HH Exp

0

of HH Memb

1

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

1

 Does any other household member
have rental liability?

2

 Is anyone in the household related to the
landlord or the landlord's spouse as
parent or child?

3

4

 Landlord's Contact
Information

5

6

 Who is Related to
Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

 Does the Household Receive a
Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

 Main LA
Screen

 ADD
REMARKS

 Go To HH
Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|-----------------|----------|
|---------|-----------------|----------|

| | | |
|--|-------------------|--|
| | Residence Address | |
|--|-------------------|--|

| | | |
|--|----------|--|
| | Evidence | |
|--|----------|--|

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

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

| Amount | SI/Deemor contributes toward household expenses? | Amount | Evidence |
|--------|--|--------|----------|
|--------|--|--------|----------|

| | | | |
|--|--|--|--|
| | SI/Deemor contributes toward household expenses? | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | SI's contribution earmarked for shelter? | | |
|--|--|--|--|

| | | | |
|--|---------------------------------------|--|--|
| | SI's contribution earmarked for food? | | |
|--|---------------------------------------|--|--|

| | |
|--------------|--|
| VTR applies? | |
|--------------|--|

HH Expenses Summary

FOOD

SHELTER

0

Total HH Exp

0

of HH Memb

1

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

1

 Does any other household member
have rental liability?

2

 Is anyone in the household related to the
landlord or the landlord's spouse as
parent or child?

3

4

 Landlord's Contact
Information

5

6

 Who is Related to
Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

 Does the Household Receive a
Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

 Main LA
Screen

 ADD
REMARKS

 Go To HH
Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|-----------------|----------|
|---------|-----------------|----------|

| | | |
|--|-------------------|--|
| | Residence Address | |
|--|-------------------|--|

| | | |
|--|----------|--|
| | Evidence | |
|--|----------|--|

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

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

| Amount | SI/Deemor contributes toward household expenses? | Amount | Evidence |
|--------|--|--------|----------|
|--------|--|--------|----------|

| | | | |
|--|--|--|--|
| | SI/Deemor contributes toward household expenses? | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | SI's contribution earmarked for shelter? | | |
|--|--|--|--|

| | | | |
|--|---------------------------------------|--|--|
| | SI's contribution earmarked for food? | | |
|--|---------------------------------------|--|--|

| | | | |
|--|--------------|--|--|
| | VTR applies? | | |
|--|--------------|--|--|

HH Expenses Summary

FOOD

SHELTER

0

Total HH Exp

0

of HH Memb

1

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

1

 Does any other household member
have rental liability?

2

 Is anyone in the household related to the
landlord or the landlord's spouse as
parent or child?

3

4

 Landlord's Contact
Information

5

6

 Who is Related to
Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

 Does the Household Receive a
Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

 Main LA
Screen

 ADD
REMARKS

 Go To HH
Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|--|-----------------|
| | Residence Address | |
| | Evidence | |
| | SI eats all meals out? | |
| | If NO, buy food separate from household? | |
| | Amount | Amount Evidence |
| | SI/Deemor contributes toward household expenses? | |
| | SI's contribution earmarked for shelter? | |
| | SI's contribution earmarked for food? | |
| | VTR applies? | |

| |
|---------------------|
| HH Expenses Summary |
| FOOD |
| |
| SHELTER |
| 0 |
| Total HH Exp |
| 0 |
| # of HH Memb |
| 1 |

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

1

 Does any other household member
have rental liability?

2

 Is anyone in the household related to the
landlord or the landlord's spouse as
parent or child?

3

4

 Landlord's Contact
Information

5

6

 Who is Related to
Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

 Does the Household Receive a
Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

 Main LA
Screen

 ADD
REMARKS

 Go To HH
Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|-----------------|----------|
|---------|-----------------|----------|

| | | |
|--|-------------------|--|
| | Residence Address | |
|--|-------------------|--|

| | | |
|--|----------|--|
| | Evidence | |
|--|----------|--|

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

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

| Amount | Amount | Evidence |
|--------|--------|----------|
|--------|--------|----------|

| | | |
|--|--|--|
| | SI/Deemor contributes toward household expenses? | |
|--|--|--|

| | | |
|--|--|--|
| | SI's contribution earmarked for shelter? | |
|--|--|--|

| | | |
|--|---------------------------------------|--|
| | SI's contribution earmarked for food? | |
|--|---------------------------------------|--|

| | |
|--------------|--|
| VTR applies? | |
|--------------|--|

HH Expenses Summary

FOOD

SHELTER

0

Total HH Exp

0

of HH Memb

1

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

| | | | |
|---|----------------------|---|----------------------|
| 1 | <input type="text"/> | Does any other household member have rental liability? | <input type="text"/> |
| 2 | <input type="text"/> | Is anyone in the household related to the landlord or the landlord's spouse as parent or child? | <input type="text"/> |
| 3 | | | |
| 4 | | Landlord's Contact Information | <input type="text"/> |
| 5 | | Who is Related to Landlord? | <input type="text"/> |
| 6 | | CMRV | <input type="text"/> |
| | | Evidence of CMRV | <input type="text"/> |
| | | Monthly Required Rent | <input type="text"/> |
| | | Does the Household Receive a Rental Subsidy? | <input type="text"/> |
| | | Amount of Rental Subsidy | <input type="text"/> |
| | | Number of HH members | <input type="text"/> |
| | | Amount of SI Rental Subsidy | <input type="text"/> |

Main LA
Screen

ADD
REMARKS

Go To HH
Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | | | |
|----------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |
| CG Field Codes | | | |

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

| ALLEGED | Date Propagates | VERIFIED |
|---------|-----------------|----------|
|---------|-----------------|----------|

| | | |
|--|--|--|
| | Residence Address | |
| | Evidence | |
| | SI eats all meals out? | |
| | If NO, buy food separate from household? | |

| Amount | Evidence | Amount | Evidence |
|--------|--|--------|----------|
| | SI/Deemor contributes toward household expenses? | | |
| | SI's contribution earmarked for shelter? | | |
| | SI's contribution earmarked for food? | | |
| | VTR applies? | | |

| |
|---------------------|
| HH Expenses Summary |
| FOOD |
| |
| SHELTER |
| 0 |
| Total HH Exp |
| 0 |
| # of HH Memb |
| 1 |

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|----------------|----|----|----|
| J/H Income | | | |
| CG Field Codes | | | |

1

 Does any other household member
have rental liability?

2

 Is anyone in the household related to the
landlord or the landlord's spouse as
parent or child?

3

4

 Landlord's Contact
Information

5

6

 Who is Related to
Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

 Does the Household Receive a
Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

 Main LA
Screen

 ADD
REMARKS

 Go To HH
Expenses

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

| | | | |
|---|----------------------|---------------|---|
| 1 | <input type="text"/> | Amount | <input type="text"/> |
| 2 | | Countable? | <input type="text"/> |
| 3 | | If no, Reason | <input type="text"/> |
| 4 | | If yes, CMV | <input type="text"/> <input type="checkbox"/> Infrequent or Irregular |
| 5 | | Evidence | <input type="text"/> |

ALLEGED SOURCE 3 VERIFIED

| FROM | TO | PERIOD | FROM | TO |
|----------------------|----------------------|----------------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | Period | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Type of Assistance | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | Source Contact Information | <input type="text"/> | |
| | <input type="text"/> | Amount | <input type="text"/> | |
| | | Countable? | <input type="text"/> | |
| | | If no, Reason | <input type="text"/> | |
| | | If yes, CMV | <input type="text"/> <input type="checkbox"/> Infrequent or Irregular | |
| | | Evidence | <input type="text"/> | |

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT



TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

| | | | | | |
|---|---|----|----------------------------|--|----------|
| 1 | Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? <input style="width: 50px;" type="text"/> | | | | |
| 2 | ALLEGED | | SOURCE 1 | | VERIFIED |
| 3 | FROM | TO | Period | FROM | TO |
| 4 | | | Type of Assistance | | |
| 5 | | | Source Contact Information | | |
| 6 | | | Amount | | |
| | | | Countable? | | |
| | | | If no, Reason | | |
| | | | If yes, CMV | <input type="checkbox"/> Infrequent or Irregular | |
| | | | Evidence | | |
| | ALLEGED | | SOURCE 2 | | VERIFIED |
| | FROM | TO | Period | FROM | TO |
| | | | Type of Assistance | | |
| | | | Source Contact Information | | |

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

| | | | |
|---|--|---------------|--|
| 1 | | Amount | |
| 2 | | Countable? | <input type="checkbox"/> |
| 3 | | If no, Reason | |
| 4 | | If yes, CMV | <input type="checkbox"/> Infrequent or Irregular |
| 5 | | Evidence | |

ALLEGED SOURCE 3 VERIFIED

| FROM | TO | PERIOD | FROM | TO |
|------|----|----------------------------|--|----|
| | | Period | | |
| | | Type of Assistance | | |
| | | Source Contact Information | | |
| | | Amount | | |
| | | Countable? | <input type="checkbox"/> | |
| | | If no, Reason | | |
| | | If yes, CMV | <input type="checkbox"/> Infrequent or Irregular | |
| | | Evidence | | |

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

| | | | | | |
|---|---|---|---|---|-------------------------|
| 1 | ALLEGED SOURCE 3 VERIFIED | | | | |
| 2 | FROM | TO | | FROM | TO |
| 3 | | | Period | | |
| 4 | | ▼ | Type of Assistance | ▼ | |
| 5 | | | Source Contact Information | | |
| 6 | | | Amount | | |
| | | | Countable? | ▼ | |
| | | | If no, Reason | ▼ | |
| | | | If yes, CMV | <input type="checkbox"/> | Infrequent or Irregular |
| | | | Evidence | ▼ | |
| | Total Number of Sources <input style="width: 30px;" type="text"/> | | Additional | <input style="width: 30px;" type="text"/> | Total Number of Sources |
| | Verified Countable Assistance From Additional Sources | | | | |
| | | SM | IM | BM | |
| | Current Market Value | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | |

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

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

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

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

Indicate who are the material Individuals

MI-1

MI-2

No material individuals in the review period

Total number of ineligible children 0

Total number of ineligible siblings 0

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

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

Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

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

Indicate who are the material Individuals

MI-1 No material individuals in the review period

MI-2

Total number of ineligible children 0

Total number of ineligible siblings 0

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

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

Indicate who are the material Individuals

Total number of ineligible children **0**

MI-1
 MI-2

No material individuals in the review period

Total number of ineligible siblings **0**

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

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

Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

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

Indicate who are the material Individuals

MI-1 No material individuals in the review period
 MI-2

Total number of ineligible children **0**

Total number of ineligible siblings **0**

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

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

Indicate who are the material Individuals

Total number of ineligible children 0

MI-1
 MI-2

No material individuals in the review period

Total number of ineligible siblings 0

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

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

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

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

Indicate who are the material Individuals

MI-1 No material individuals in the review period

MI-2

Total number of ineligible children 0

Total number of ineligible siblings 0

LIVING ARRANGEMENTS - INELIGIBLE CHILDREN X

Use this screen to associate the names of the Ineligible Children/Siblings (IC/Sibling) with the corresponding IC#. These names will display on the income screens throughout the form.

| Select the IC/Siblings names from the Dropdown. | | Was the IC/Sibling a Student During the Review Period? | |
|---|----------------------|--|----------------------|
| IC-1 | <input type="text"/> | IC-1 | <input type="text"/> |
| IC-2 | <input type="text"/> | IC-2 | <input type="text"/> |
| IC-3 | <input type="text"/> | IC-3 | <input type="text"/> |
| IC-4 | <input type="text"/> | IC-4 | <input type="text"/> |
| IC-5 | <input type="text"/> | IC-5 | <input type="text"/> |

CLOSE

HOUSEHOLD EXPENSES

ELEMENT 6

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

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

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

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

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

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

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

HOUSEHOLD EXPENSES

ELEMENT 6

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

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

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

| | | | | |
|--------------------------|--|--------------------------|-------------|-----------|
| Residence Address | | AVERAGING PERIOD: | FROM | TO |
| | | | | |

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

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

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence
Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

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

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence
Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA
ScreenADD
REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence
Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

**Main LA
Screen****ADD
REMARKS****NEXT**

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

Residence
Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

**Main LA
Screen****ADD
REMARKS****NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

1

Residence Address

2

OUTSIDE ISM

4

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

Override

5

Does contribution benefit the SI only?

| ALLEGED | Date Propagates Here | VERIFIED |
|---------|----------------------------|----------------------------|
| | Type of ISM | Type of ISM |
| | Amount | Amount |
| | Source | Source |
| | Source Contact Information | Source Contact Information |
| | # of HH members | # of HH members |
| | Is ISM Countable? | Is ISM Countable? |
| | If no, reason | If no, reason |
| | Countable ISM Amount | Countable ISM Amount |

6

Countable ISM Amount

Infrequent or Irregular

INSIDE ISM

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

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

| | | | | | |
|---|--|--|--|--|---|
| 1 | | | | | ▼ |
| 2 | | | | | ▼ |
| 3 | | | | | ▼ |
| 4 | | | | | ▼ |
| 5 | | | | | ▼ |
| 6 | | | | | ▼ |
| | | | | | ▼ |

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

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

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

Infrequent or Irregular

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

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

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

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

INSIDE ISM

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

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

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

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

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

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

1 Residence Address

2

OUTSIDE ISM

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

5 Does contribution benefit the SI only?

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

INSIDE ISM

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

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

| | | | | | |
|---|--|--|--|--|---|
| 1 | | | | | ▼ |
| 2 | | | | | ▼ |
| 3 | | | | | ▼ |
| 4 | | | | | ▼ |
| 5 | | | | | ▼ |
| 6 | | | | | ▼ |
| | | | | | ▼ |

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

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

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

Infrequent or Irregular

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

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

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

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

| | | |
|--|-------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Type of ISM | <input style="width: 95%; height: 20px;" type="text"/> |
|--|-------------|--|

| | | |
|--|--------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Amount | <input style="width: 95%; height: 20px;" type="text"/> |
|--|--------|--|

| | | |
|--|--------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Source | <input style="width: 95%; height: 20px;" type="text"/> |
|--|--------|--|

| | | |
|--|----------------------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Source Contact Information | <input style="width: 95%; height: 20px;" type="text"/> |
|--|----------------------------|--|

| | | |
|--|-----------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | # of HH members | <input style="width: 95%; height: 20px;" type="text"/> |
|--|-----------------|--|

| | | |
|--|-------------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Is ISM Countable? | <input style="width: 95%; height: 20px;" type="text"/> |
|--|-------------------|--|

| | | |
|--|---------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | If no, reason | <input style="width: 95%; height: 20px;" type="text"/> |
|--|---------------|--|

| | | |
|--|----------------------|--|
| <input style="width: 95%; height: 20px;" type="text"/> | Countable ISM Amount | <input style="width: 95%; height: 20px;" type="text"/> |
|--|----------------------|--|

Infrequent or Irregular

INSIDE ISM

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

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

| | | | | | |
|---|--|--|--|--|---|
| 1 | | | | | ▼ |
| 2 | | | | | ▼ |
| 3 | | | | | ▼ |
| 4 | | | | | ▼ |
| 5 | | | | | ▼ |
| 6 | | | | | ▼ |
| | | | | | ▼ |

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

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

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

Infrequent or Irregular

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

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

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

1
Does contribution benefit SI only?
▲

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

Total Contributions

Household Expenses

Excess Income

Infrequent or Irregular

of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

Infrequent or Irregular

ISM TO ONE PERSON

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

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | | | |
|------------|----|----|----|
| | SM | IM | BM |
| J/H Income | | | |

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

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

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

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

Infrequent or Irregular

Main LA
Screen

ADD
REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

1 Residence Address

2

OUTSIDE ISM

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

5 Does contribution benefit the SI only?

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

INSIDE ISM

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

Main LA
Screen

ADD
REMARKS

NEXT



IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

| | SM | IM | BM |
|------------|----|----|----|
| J/H Income | | | |

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

Infrequent or Irregular

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

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED Date Propagates Here VERIFIED

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

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

ADDRESS HISTORY

ELEMENT 6

| | | | | | |
|-------------|----------------------|--------------------------|----------------------|----------------|----------------------|
| Residence 1 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |
| Residence 2 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |
| Residence 3 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |
| Residence 4 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |
| Residence 5 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |
| Residence 6 | <input type="text"/> | Change Since mm/dd/yyyy? | <input type="text"/> | Date of change | <input type="text"/> |
| Type | <input type="text"/> | | | | |

Main LA
Screen

BACK

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA
Screen

ADD
REMARKS

ADDR
HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

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

Residence Address

Residence Type

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

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence
Address

Residence Type

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

If yes, date of change?

Main LA
Screen

ADD
REMARKS

ADDR
HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA
Screen

ADD
REMARKS

ADDR
HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA
Screen

ADD
REMARKS

ADDR
HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA
Screen

ADD
REMARKS

ADDR
HISTORY

NEXT

LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM

SYSTEMS DATA

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

| | |
|-----------------------------|----------------------|
| BM iteration | <input type="text"/> |
| Residence Date | <input type="text"/> |
| Residence Address | <input type="text"/> |
| Basis for Federal LA | <input type="text"/> |
| FLA | <input type="text"/> |
| OSS | <input type="text"/> |
| Flat Fee Amount | <input type="text"/> |
| Rent Amount | <input type="text"/> |
| Current Market Rental Value | <input type="text"/> |
| Food expense | <input type="text"/> |
| Shelter expenses | <input type="text"/> |
| Total HH expenses | <input type="text"/> |
| Number of HH members | <input type="text"/> |

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

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

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

| | | | | |
|-----------|--------------------------------|------|---------|--------------|
| BM | Other HH member's contribution | | | |
| IM | | FOOD | SHELTER | FOOD/SHELTER |
| SM | SI's contribution | | | |
| | SI's Pro Rata Share | | | |
| | Federal Benefit Rate (BM) | | | |
| | Inside ISM | | | |
| | Outside ISM | | | |
| | ISM to one | | | |
| | Unstated Income Suspected? | | | |
| | Transient ISM | | | |
| | Institutional ISM | | | |
| | Proration Applies? | | | |

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

| | | |
|-----------------------------|---------------------------------|-----------------------------|
| SM FLA Determination | SM FLA ISM Determination | SM OSS Determination |
| | | |

Living Arrangement codes and ISM

BM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

IM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

SM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

- BM
- IM
- SM

| | |
|----------------------------|----------------------|
| Outside ISM | <input type="text"/> |
| ISM to one | <input type="text"/> |
| Unstated Income Suspected? | <input type="text"/> |
| Transient ISM | <input type="text"/> |
| Institutional ISM | <input type="text"/> |
| Proration Applies? | <input type="text"/> |

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

- BM
- IM
- SM

| SYSTEMS DATA | |
|-----------------------------|----------------------|
| SI-Fed- LA Codes | |
| SI-OSS- LA Codes | |
| J/ H Income Amount | |
| IM iteration | <input type="text"/> |
| Residence Date | <input type="text"/> |
| Residence Address | <input type="text"/> |
| Basis for Federal LA | <input type="text"/> |
| FLA | <input type="text"/> |
| OSS | <input type="text"/> |
| Flat Fee Amount | <input type="text"/> |
| Rent Amount | <input type="text"/> |
| Current Market Rental Value | <input type="text"/> |
| Food expense | <input type="text"/> |
| Shelter expenses | <input type="text"/> |
| Total HH expenses | <input type="text"/> |
| Number of HH members | <input type="text"/> |

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

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

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

BM

Other HH member's contribution

IM

FOOD

SHELTER

FOOD/SHELTER

SM

SI's contribution

SI's Pro Rata Share

Federal Benefit Rate (BM)

Inside ISM

Outside ISM

ISM to one

Unstated Income Suspected?

Transient ISM

Institutional ISM

Proration Applies?

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM

| | |
|----------------------------|----------------------|
| Outside ISM | <input type="text"/> |
| ISM to one | <input type="text"/> |
| Unstated Income Suspected? | <input type="text"/> |
| Transient ISM | <input type="text"/> |
| Institutional ISM | <input type="text"/> |
| Proration Applies? | <input type="text"/> |

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM

SYSTEMS DATA

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

| | |
|-----------------------------|----------------------|
| SM iteration | <input type="text"/> |
| Residence Date | <input type="text"/> |
| Residence Address | <input type="text"/> |
| Basis for Federal LA | <input type="text"/> |
| FLA | <input type="text"/> |
| OSS | <input type="text"/> |
| Flat Fee Amount | <input type="text"/> |
| Rent Amount | <input type="text"/> |
| Current Market Rental Value | <input type="text"/> |
| Food expense | <input type="text"/> |
| Shelter expenses | <input type="text"/> |
| Total HH expenses | <input type="text"/> |
| Number of HH members | <input type="text"/> |

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

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

LA/ISM DETERMINATION

ELEMENT 6

| | | | | |
|-----------|--------------------------------|------|---------|--------------|
| BM | Other HH member's contribution | | | |
| IM | | FOOD | SHELTER | FOOD/SHELTER |
| SM | SI's contribution | | | |
| | SI's Pro Rata Share | | | |
| | Federal Benefit Rate (BM) | | | |
| | Inside ISM | | | |
| | Outside ISM | | | |
| | ISM to one | | | |
| | Unstated Income Suspected? | | | |
| | Transient ISM | | | |
| | Institutional ISM | | | |
| | Proration Applies? | | | |

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

| | | |
|-----------------------------|---------------------------------|-----------------------------|
| SM FLA Determination | SM FLA ISM Determination | SM OSS Determination |
| | | |

Living Arrangement codes and ISM

BM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

IM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

SM

| | |
|-----|--|
| FLA | |
| OSS | |
| ISM | |

LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM

| | |
|----------------------------|----------------------|
| Outside ISM | <input type="text"/> |
| ISM to one | <input type="text"/> |
| Unstated Income Suspected? | <input type="text"/> |
| Transient ISM | <input type="text"/> |
| Institutional ISM | <input type="text"/> |
| Proration Applies? | <input type="text"/> |

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Living Arrangement codes and ISM

BM

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

IM

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

SM

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

Main LA Screen

ADD REMARKS

NEXT

SELF-EMPLOYMENT

SYSTEMS DATA

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

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

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

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

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

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

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

Determination

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

SELF-EMPLOYMENT

ELEMENT 7

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

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT



SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

SI

SM

IM

BM

Total SEI

MI-1

SM

IM

BM

Total SEI

MI-2

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

SYSTEMS DATA

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

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

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

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

Determination

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

| | | | | | |
|--|-------|--|--|--|--|
| | OTHER | | | | |
|--|-------|--|--|--|--|

Was the SI a Student during the Review Period?

| | | |
|---|-------------------|---|
| Total Number of Employers <input style="width: 40px;" type="text"/> | Additional | Total Number of Employers <input style="width: 40px;" type="text"/> |
|---|-------------------|---|

Verified Wage Details for Additional Employers

| | SM | IM | BM |
|-------------------------------|---|---|---|
| Gross Wages | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| Deductions/ Exclusions | | | |
| Cafeteria Plan | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| Student Earned Income | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| IRWE | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| BWE | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| Court-Ordered Payments | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| PASS | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| OTHER | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |

Total Gross Wages

SI

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

Total Gross Wages

MI-1

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

Total Gross Wages

MI-2

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

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

| | | | | | | |
|------|---|----------------------|----------------------|----------------------|---------------------------|----------------------|
| SI | <input type="text"/> | <input type="text"/> | OTHER | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MI-1 | Was the SI a Student during the Review Period? <input type="text"/> | | | | | |
| MI-2 | | | | | | |
| IC-1 | Total Number of Employers | <input type="text"/> | Additional | <input type="text"/> | Total Number of Employers | |
| IC-2 | Verified Wage Details for Additional Employers | | | | | |
| IC-3 | | SM | IM | BM | | |
| IC-4 | Gross Wages | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| IC-5 | Deductions/ Exclusions | | | | | |
| | Cafeteria Plan | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | Student Earned Income | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | IRWE | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | BWE | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | Court-Ordered Payments | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | PASS | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | OTHER | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

OTHER

Was the SI a Student during the Review Period?

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

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

| SI | ALLEGED | Deductions/ Exclusions | VERIFIED | | |
|------|---|------------------------|---------------------------|----|----|
| MI-1 | | Cafeteria Plan | | | |
| MI-2 | | Student Earned Income | | | |
| IC-1 | | Court-Ordered Payments | | | |
| IC-2 | | OTHER | | | |
| IC-2 | Was the IC a Student during the Review Period? | | | | |
| IC-3 | Total Number of Employers | Additional | Total Number of Employers | | |
| IC-4 | Verified Wage Details for Additional Employers | | | | |
| IC-5 | | | SM | IM | BM |
| | Gross Wages | | | | |
| | Deductions/ Exclusions | | | | |
| | Cafeteria Plan | | | | |
| | Student Earned Income | | | | |
| | Court-Ordered Payments | | | | |
| | OTHER | | | | |

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

WAGES

ELEMENT 8

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

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

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

IC-4

IC-5

Verified Wage Details for Additional Employers

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

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

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

List of ICs
by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

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

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

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

List of ICs
by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

| | | | | | | |
|------|-------------------------------------|-----------------------------|---|---------------------|----|----|
| SI | IC(1)'s Name Propagates Here | | | | | |
| MI-1 | ALLEGED | | | VERIFIED | | |
| MI-2 | | DOB/ Age | | | | |
| IC-1 | | School Name | | | | |
| IC-2 | | Contact Name | | | | |
| IC-3 | | School Contact Information | | | | |
| IC-4 | | | | | | |
| IC-5 | | To | ▼ | Dates of Attendance | To | ▼ |
| | | Evidence | | | | ▼ |
| | | Student exclusion applies? | | SM | IM | BM |
| | | | | ▼ | ▼ | ▼ |
| | | Deeming Allocation Applies? | | ▼ | ▼ | ▼ |

List of ICs
by Name

BACK

ADD
REMARKS

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

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

| IC(2)'s Name Propagates Here | | | |
|------------------------------|--|--|--|
| | ALLEGED | | VERIFIED |
| | DOB/ Age | | |
| | School Name | | |
| | Contact Name | | |
| | School Contact Information | | |
| | To <input type="text"/> <input type="button" value="▼"/> | Dates of Attendance | To <input type="text"/> <input type="button" value="▼"/> |
| | Evidence | <input type="text"/> | |
| | Student exclusion applies? | SM <input type="text"/> <input type="button" value="▼"/> | IM <input type="text"/> <input type="button" value="▼"/> |
| | Deeming Allocation Applies? | <input type="text"/> <input type="button" value="▼"/> | <input type="text"/> <input type="button" value="▼"/> |

List of ICs by Name

BACK

ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

| | | | | | | |
|------|-------------------------------------|----|--|-----------------------------|----|----|
| SI | IC(3)'s Name Propagates Here | | | | | |
| MI-1 | ALLEGED | | | VERIFIED | | |
| MI-2 | | | | DOB/ Age | | |
| IC-1 | | | | School Name | | |
| IC-2 | | | | Contact Name | | |
| IC-3 | | | | School Contact Information | | |
| IC-4 | | | | | | |
| IC-5 | | To | | Dates of Attendance | | |
| | | | | | To | |
| | | | | Evidence | | |
| | | | | Student exclusion applies? | | |
| | | | | SM | IM | BM |
| | | | | | | |
| | | | | Deeming Allocation Applies? | | |
| | | | | | | |

List of ICs
by Name

BACK

ADD
REMARKS

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

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

IC(4)'s Name Propagates Here

| | ALLEGED | VERIFIED | | | | | | |
|----------------------|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | DOB/ Age | | | | | | | |
| | School Name | | | | | | | |
| | Contact Name | | | | | | | |
| | School Contact Information | | | | | | | |
| | Dates of Attendance To <input type="text"/> To <input type="text"/> | | | | | | | |
| | Evidence | | | | | | | |
| | Student exclusion applies? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">SM</th> <th style="width: 33%;">IM</th> <th style="width: 33%;">BM</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | SM | IM | BM | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SM | IM | BM | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| | Deeming Allocation Applies? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |

List of ICs by Name

BACK

ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA

| | |
|-----|----|
| | SY |
| SI | |
| MI1 | |

My SSR / MSSICS Notes

| | | | | | | |
|------|-------------------------------------|----------------------------|---|-----------------------------|----|----|
| SI | IC(5)'s Name Propagates Here | | | | | |
| MI-1 | ALLEGED | | | VERIFIED | | |
| MI-2 | | DOB/ Age | | | | |
| IC-1 | | School Name | | | | |
| IC-2 | | Contact Name | | | | |
| IC-3 | | School Contact Information | | | | |
| IC-4 | | | | | | |
| IC-5 | | To | ▼ | Dates of Attendance | To | ▼ |
| | | | | Evidence | | ▼ |
| | | | | Student exclusion applies? | SM | IM |
| | | | | | ▼ | ▼ |
| | | | | Deeming Allocation Applies? | ▼ | ▼ |
| | | | | | ▼ | ▼ |

List of ICs
by Name

BACK

ADD
REMARKS

UNEARNED INCOME

ELEMENT 9

| | SYSTEMS DATA | | | MATCH? | INTERVIEW | | |
|---------|--------------|----|----|--------|-----------|----|----|
| | SM | IM | BM | | SM | IM | BM |
| SI-TXVI | | | | | | | |
| SI-TII | | | | | | | |
| ES-TXVI | | | | | | | |
| ES-TII | | | | | | | |

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

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

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

Determination

UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA MATCH? INTERVIEW

| | SM | IM | BM | | SM | IM | BM |
|---------|----|----|----|---|----|----|----|
| SI-TXVI | | | | ▼ | | | |
| SI-TII | | | | ▼ | | | |
| ES-TXVI | | | | ▼ | | | |
| ES-TII | | | | ▼ | | | |

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

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

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

Determination

▼

UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA MATCH? INTERVIEW

| | SM | IM | BM | | SM | IM | BM |
|---------|----|----|----|---|----|----|----|
| SI-TXVI | | | | ▼ | | | |
| SI-TII | | | | ▼ | | | |
| ES-TXVI | | | | ▼ | | | |
| ES-TII | | | | ▼ | | | |

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

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

| | | | | | | | | |
|------------------------------------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> NO to ALL | <input checked="" type="checkbox"/> SI | <input type="checkbox"/> MI-1 | <input type="checkbox"/> MI-2 | <input type="checkbox"/> IC-1 | <input type="checkbox"/> IC-2 | <input type="checkbox"/> IC-3 | <input type="checkbox"/> IC-4 | <input type="checkbox"/> IC-5 |
| <input type="checkbox"/> Override | <input type="checkbox"/> SI | <input type="checkbox"/> MI-1 | <input type="checkbox"/> MI-2 | <input type="checkbox"/> IC-1 | <input type="checkbox"/> IC-2 | <input type="checkbox"/> IC-3 | <input type="checkbox"/> IC-4 | <input type="checkbox"/> IC-5 |
| Energy Assistance | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Unemployment | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Workers Compensation | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Sick Pay | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Educational Assistance | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Dividend/ Royal | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Rent Income | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Interest | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Gifts | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| Loans | NO ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |

Determination ▼

Sampled Individual Unstated Income Development Screen

| | SM | IM | BM |
|-------------------------------|----|----|----|
| Monthly HH Expenses | | | |
| Monthly Income | | | |
| Possible Unstated Income | | | |
| Actual Unstated Income Amount | | | |

Unstated Income

Consider all household income, savings, debts incurred, outstanding bills, etc. to determine the Actual Unstated Income amount.

Explain why the "Actual Unstated Income" amount is different from the "Possible Unstated Income" amount.

Unstated Income Determination

BACK

ADD
REMARKS

NEXT

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

UNEARNED INCOME

| | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|----------------------------|--|---------|-------------------|----------|--|----------------------|--|--|--------|--|--|----------------------------|--|--|------------|--|--|------------|--|
| SI | | Source Contact Information | | | | | | | | | | | | | | | | | | | |
| MI-1 | | Date Began | | | | | | | | | | | | | | | | | | | |
| MI-2 | | Date Ended | | | | | | | | | | | | | | | | | | | |
| IC-1 | | Pmt. Amount/ Frequency | <input type="checkbox"/> Infrequent or Irregular Income involved | | | | | | | | | | | | | | | | | | |
| IC-2 | | Payment Date | | | | | | | | | | | | | | | | | | | |
| IC-3 | | | SM IM BM | | | | | | | | | | | | | | | | | | |
| IC-4 | | Gross UM Amounts | | | | | | | | | | | | | | | | | | | |
| IC-5 | | Evidence | | | | | | | | | | | | | | | | | | | |
| Deductions/ Exclusions VERIFIED | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 50%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">ALLEGED</td> <td style="width: 34%; text-align: center;">Unearned Income 3</td> <td style="width: 33%; text-align: center;">VERIFIED</td> </tr> <tr> <td></td> <td>Unearned Income Type</td> <td></td> </tr> <tr> <td></td> <td>Source</td> <td></td> </tr> <tr> <td></td> <td>Source Contact Information</td> <td></td> </tr> <tr> <td></td> <td>Date Began</td> <td></td> </tr> <tr> <td></td> <td>Date Ended</td> <td></td> </tr> </table> | | | | ALLEGED | Unearned Income 3 | VERIFIED | | Unearned Income Type | | | Source | | | Source Contact Information | | | Date Began | | | Date Ended | |
| ALLEGED | Unearned Income 3 | VERIFIED | | | | | | | | | | | | | | | | | | | |
| | Unearned Income Type | | | | | | | | | | | | | | | | | | | | |
| | Source | | | | | | | | | | | | | | | | | | | | |
| | Source Contact Information | | | | | | | | | | | | | | | | | | | | |
| | Date Began | | | | | | | | | | | | | | | | | | | | |
| | Date Ended | | | | | | | | | | | | | | | | | | | | |

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Total Number of UM Sources

Additional

Total Number of UM Sources

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

Total Gross UM
SI

SM

IM

BM

Total Gross UM
MI-1

SM

IM

BM

Total Gross UM
MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

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

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Total Gross UM
SI

SM

IM

BM

Total Gross UM
MI-1

SM

IM

BM

Total Gross UM
MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

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

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

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

| | | | | | | |
|--|----|---------------------------------|--|----|----|----|
| SI | | Source Contact Information | | | | |
| MI-1 | | Date Began | | | | |
| MI-2 | | Date Ended | | | | |
| IC-1 | | Pmt. Amount/ Frequency | <input type="checkbox"/> Infrequent or Irregular Income involved | | | |
| IC-2 | | Payment Date | | | | |
| IC-3 | | | <table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table> | SM | IM | BM |
| SM | IM | BM | | | | |
| IC-4 | | Gross UM Amounts | | | | |
| IC-5 | | Evidence | | | | |
| | | Deductions/ Exclusions | VERIFIED | | | |
| | | | | | | |
| Total Number of UM Sources <input type="text"/> | | Additional <input type="text"/> | Total Number of UM Sources <input type="text"/> | | | |
| Verified Additional Unearned Income Details | | | | | | |
| | | SM | IM | | | |
| Total Additional UM Amounts | | | | | | |
| Total Additional Deductions/ Exclusion | | | | | | |

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

UNEARNED INCOME

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Deductions/ Exclusions VERIFIED

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

Verified Additional Unearned Income Details

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Deductions/ Exclusions VERIFIED

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

Verified Additional Unearned Income Details

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Deductions/ Exclusions VERIFIED

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

Verified Additional Unearned Income Details

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

UNEARNED INCOME

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

ELEMENT 9

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

Deductions/ Exclusions VERIFIED

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

Verified Additional Unearned Income Details

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

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD
REMARKS

View
Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SYSTEMS DATA

| | | | |
|----------------|--|--------|--|
| CG Field Codes | | | |
| SI-RTN | | ACCT # | |
| ES-RTN | | ACCT # | |

My SSR / MSSICS Notes:

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

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

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

Override

Determination

MAIN MENU

PREVIOUS

ADD REMARKS

View Summary

COMPLETE

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | |
|------|---------------------------|---|-----------------|----------------------|----------------------|----|
| SI | SI's Name Propagates Here | | | | | |
| MI-1 | ALLEGED | | Account 1 | | VERIFIED | |
| MI-2 | <input type="text"/> | | Account type | | <input type="text"/> | |
| | | Financial institution information | | | | |
| | | Account number | | | | |
| | | <input type="text"/> Does the SI have bank records available? | | | | |
| | | <input type="text"/> Dedicated account? | | <input type="text"/> | | |
| | | <input type="text"/> Joint ownership? | | <input type="text"/> | | |
| | | <input type="text"/> Dep. by joint owner? | | <input type="text"/> | | |
| | | Owner name(s) | | | | |
| SM | IM | BM | | SM | IM | BM |
| | | | Account balance | | | |
| | | Evidence | | <input type="text"/> | | |
| | | ID'd via "geo search"? | | <input type="text"/> | | |
| | | <input type="text"/> Excluded for burial | | | | |
| | | Other exclusion | | | | |
| | | Countable amount | | 0 | 0 | 0 |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | |
|------|---------|--|----|----|----------|----|
| SI | ALLEGED | Account 2 | | | VERIFIED | |
| MI-1 | | Account type | | | | |
| MI-2 | | Financial institution information | | | | |
| | | Account number | | | | |
| | | Does the SI have bank records available? | | | | |
| | | Dedicated account? | | | | |
| | | Joint ownership? | | | | |
| | | Dep. by joint owner? | | | | |
| | | Owner name(s) | | | | |
| | SM | IM | BM | SM | IM | BM |
| | | | | | | |
| | | Account balance | | | | |
| | | Evidence | | | | |
| | | ID'd via "geo search"? | | | | |
| | | Excluded for burial | | | | |
| | | Other exclusion | | | | |
| | | Countable amount | 0 | 0 | 0 | |
| | ALLEGED | Account 3 | | | VERIFIED | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | | | | | |
|------|----------------------|----|-----------------|---|--|----------------------|--|----|----------|--|--|
| SI | ALLEGED | | | Account 3 | | | VERIFIED | | | | |
| MI-1 | <input type="text"/> | | | Account type | | | <input type="text"/> | | | | |
| MI-2 | <input type="text"/> | | | Financial institution information | | | <input type="text"/> | | | | |
| | | | | Account number | | | <input type="text"/> | | | | |
| | | | | <input type="text"/> Does the SI have bank records available? | | | | | | | |
| | | | | <input type="text"/> Dedicated account? | | | <input type="text"/> | | | | |
| | | | | <input type="text"/> Joint ownership? | | | <input type="text"/> | | | | |
| | | | | <input type="text"/> Dep. by joint owner? | | | <input type="text"/> | | | | |
| | | | | Owner name(s) | | | <input type="text"/> | | | | |
| SM | IM | BM | | | | SM | IM | BM | | | |
| | | | Account balance | | | <input type="text"/> | | | | | |
| | | | | Evidence | | | <input type="text"/> | | | | |
| | | | | <input type="text"/> ID'd via "geo search"? | | | <input type="text"/> | | | | |
| | | | | Excluded for burial | | | <input type="text"/> | | | | |
| | | | | Other exclusion | | | <input type="text"/> | | | | |
| | | | | Countable amount | | | <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 | | | | |
| | | | ALLEGED | | | Account 4 | | | VERIFIED | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | |
|-----------------|---------|----|--|-----------------|----|----|
| SI | ALLEGED | | Account 4 | VERIFIED | | |
| MI-1 | | | Account type | | | |
| MI-2 | | | Financial institution information | | | |
| | | | Account number | | | |
| | | | Does the SI have bank records available? | | | |
| | | | Dedicated account? | | | |
| | | | Joint ownership? | | | |
| | | | Dep. by joint owner? | | | |
| | | | Owner name(s) | | | |
| SM | IM | BM | Account balance | SM | IM | BM |
| | | | Evidence | | | |
| | | | ID'd via "geo search"? | | | |
| | | | Excluded for burial | | | |
| | | | Other exclusion | | | |
| | | | Countable amount | 0 | 0 | 0 |
| Total number of | | | | Total number of | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | |
|------------------------------------|----|------------|------------------------------------|--|----|----|----|
| SI | SM | IM | BM | Account balance | SM | IM | BM |
| MI-1 | | | | Evidence | | | |
| MI-2 | | | | ID'd via "geo search"? | | | |
| | | | | Excluded for burial | | | |
| | | | | Other exclusion | | | |
| | | | | Countable amount | 0 | 0 | 0 |
| Total number of financial accounts | | Additional | | Total number of financial accounts | | | |
| SM | IM | BM | Additional Accounts | SM | IM | BM | |
| | | | Number of savings accounts | | | | |
| | | | Countable savings account balance | | | | |
| | | | Number of checking accounts | | | | |
| | | | Countable checking account balance | | | | |
| | | | | Were any of these additional accounts ID'd via "geo search"? | | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | |
|------|-----------------------------|-----------------|---|--|----------------------|----|----|
| SI | MI-1's Name Propagates Here | | | | | | |
| MI-1 | ALLEGED | | Account 1 | | VERIFIED | | |
| MI-2 | <input type="text"/> | | Account type | | <input type="text"/> | | |
| | | | Financial institution information | | | | |
| | | | Account number | | | | |
| | | | <input type="text"/> Does the MI have bank records available? | | | | |
| | | | <input type="text"/> Dedicated account? | | <input type="text"/> | | |
| | | | <input type="text"/> Joint ownership? | | <input type="text"/> | | |
| | | | <input type="text"/> Dep. by joint owner? | | <input type="text"/> | | |
| | | | Owner name(s) | | | | |
| SM | IM | BM | | | SM | IM | BM |
| | | Account balance | | | | | |
| | | | Evidence | | <input type="text"/> | | |
| | | | ID'd via "geo search"? | | <input type="text"/> | | |
| | | | <input type="text"/> Excluded for burial | | | | |
| | | | Other exclusion | | | | |
| | | | Countable amount | | 0 0 0 | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | | | | |
|------|--|----|----|-----------------|----|----|----------|--|--|--|
| SI | ALLEGED | | | Account 2 | | | VERIFIED | | | |
| MI-1 | Account type | | | | | | | | | |
| MI-2 | Financial institution information | | | | | | | | | |
| | Account number | | | | | | | | | |
| | Does the MI have bank records available? | | | | | | | | | |
| | Dedicated account? | | | | | | | | | |
| | Joint ownership? | | | | | | | | | |
| | Dep. by joint owner? | | | | | | | | | |
| | Owner name(s) | | | | | | | | | |
| | SM | IM | BM | Account balance | SM | IM | BM | | | |
| | | | | Evidence | | | | | | |
| | ID'd via "geo search"? | | | | | | | | | |
| | Excluded for Burial | | | | | | | | | |
| | Other exclusion | | | | | | | | | |
| | Countable amount | | | 0 | 0 | 0 | | | | |
| | ALLEGED | | | Account 3 | | | VERIFIED | | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | | | | |
|------|--|----|----|-----------------|----|----|----------|--|--|--|
| SI | ALLEGED | | | Account 3 | | | VERIFIED | | | |
| MI-1 | Account type | | | | | | | | | |
| MI-2 | Financial institution information | | | | | | | | | |
| | Account number | | | | | | | | | |
| | Does the MI have bank records available? | | | | | | | | | |
| | Dedicated account? | | | | | | | | | |
| | Joint ownership? | | | | | | | | | |
| | Dep. by joint owner? | | | | | | | | | |
| | Owner name(s) | | | | | | | | | |
| | SM | IM | BM | Account balance | SM | IM | BM | | | |
| | | | | Evidence | | | | | | |
| | ID'd via "geo search"? | | | | | | | | | |
| | Excluded for burial | | | | | | | | | |
| | Other exclusion | | | | | | | | | |
| | Countable amount | | | 0 | 0 | 0 | | | | |
| | ALLEGED | | | Account 4 | | | VERIFIED | | | |
| | Account type | | | | | | | | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | |
|------|--------------------------------------|----------------------|--|-----------------|--------------------------------------|----------------------|----------------------|
| SI | ALLEGED | | Account 4 | | VERIFIED | | |
| MI-1 | <input type="text"/> | | Account type | | <input type="text"/> | | |
| MI-2 | <input type="text"/> | | Financial institution information | | <input type="text"/> | | |
| | <input type="text"/> | | Account number | | <input type="text"/> | | |
| | <input type="text"/> | | Does the MI have bank records available? | | <input type="text"/> | | |
| | <input type="text"/> | | Dedicated account? | | <input type="text"/> | | |
| | <input type="text"/> | | Joint ownership? | | <input type="text"/> | | |
| | <input type="text"/> | | Dep. by joint owner? | | <input type="text"/> | | |
| | <input type="text"/> | | Owner name(s) | | <input type="text"/> | | |
| | SM | IM | BM | | SM | IM | BM |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | Account balance | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | | Evidence | | <input type="text"/> | | |
| | <input type="text"/> | | ID'd via "geo search"? | | <input type="text"/> | | |
| | <input type="text"/> | | Excluded for burial | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | | Other exclusion | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | | Countable amount | | 0 | 0 | 0 |
| | Total number of <input type="text"/> | | | | Total number of <input type="text"/> | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI | SM | IM | BM | | SM | IM | BM |
|------------------------------------|----|----|-------------------|--|----|------------------------------------|----|
| MI-1 | | | | Account balance | | | |
| MI-2 | | | | Evidence | | | |
| | | | | ID'd via "geo search"? | | | |
| | | | | Excluded for burial | | | |
| | | | | Other exclusion | | | |
| | | | | Countable amount | 0 | 0 | 0 |
| Total number of financial accounts | | | Additional | | | Total number of financial accounts | |
| | SM | IM | BM | Additional accounts | SM | IM | BM |
| | | | | Number of savings accounts | | | |
| | | | | Countable savings account balance | | | |
| | | | | Number of checking accounts | | | |
| | | | | Countable checking account balance | | | |
| | | | | Were any of these additional accounts ID'd via "geo search"? | | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | |
|------|------------------------------------|----|---|--|----------------------|----|----|
| SI | MI-2's Name Propagates Here | | | | | | |
| MI-1 | ALLEGED | | Account 1 | | VERIFIED | | |
| MI-2 | <input type="text"/> | | Account type <input type="text"/> | | <input type="text"/> | | |
| | | | Financial institution information | | | | |
| | | | Account number | | | | |
| | | | Does the MI have bank records available? <input type="text"/> | | | | |
| | | | Dedicated account? <input type="text"/> | | | | |
| | | | Joint ownership? <input type="text"/> | | | | |
| | | | Dep. by joint owner? <input type="text"/> | | | | |
| | | | Owner name(s) | | | | |
| SM | IM | BM | | | SM | IM | BM |
| | | | Account balance | | | | |
| | | | Evidence | | <input type="text"/> | | |
| | | | ID'd via "geo search"? <input type="text"/> | | | | |
| | | | Excluded for burial <input type="text"/> | | | | |
| | | | Other exclusion | | | | |
| | | | Countable amount | | 0 | 0 | 0 |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI | ALLEGED | Account 2 | VERIFIED |
|------|---------|--|----------|
| MI-1 | | Account type | |
| MI-2 | | Financial institution information | |
| | | Account number | |
| | | Does the MI have bank records available? | |
| | | Dedicated account? | |
| | | Joint ownership? | |
| | | Dep. by joint owner? | |
| | | Owner name(s) | |
| | SM | IM | BM |
| | | Account balance | SM IM BM |
| | | Evidence | |
| | | ID'd via "geo search"? | |
| | | Excluded for burial | |
| | | Other exclusion | |
| | | Countable amount | 0 0 0 |
| | ALLEGED | Account 3 | VERIFIED |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | |
|------|---------|----|--|----------|----|----|
| SI | ALLEGED | | Account 3 | VERIFIED | | |
| MI-1 | | | Account type | | | |
| MI-2 | | | Financial institution information | | | |
| | | | Account number | | | |
| | | | Does the MI have bank records available? | | | |
| | | | Dedicated account? | | | |
| | | | Joint ownership? | | | |
| | | | Dep. by joint owner? | | | |
| | | | Owner name(s) | | | |
| | SM | IM | BM | SM | IM | BM |
| | | | | | | |
| | | | Account balance | | | |
| | | | Evidence | | | |
| | | | ID'd via "geo search"? | | | |
| | | | Excluded for burial | | | |
| | | | Other exclusion | | | |
| | | | Countable amount | 0 | 0 | 0 |
| | ALLEGED | | Account 4 | VERIFIED | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| | | | | | | | | | |
|------|------------------------|----|----|--|--|--|------------------------|----|----|
| SI | ALLEGED | | | Account 4 | | | VERIFIED | | |
| MI-1 | [Dropdown] | | | Account type | | | [Dropdown] | | |
| MI-2 | [Text] | | | Financial institution information | | | [Text] | | |
| | [Text] | | | Account number | | | [Text] | | |
| | [Dropdown] | | | Does the MI have bank records available? | | | | | |
| | [Dropdown] | | | Dedicated account? | | | [Dropdown] | | |
| | [Dropdown] | | | Joint ownership? | | | [Dropdown] | | |
| | [Dropdown] | | | Dep. by joint owner? | | | [Dropdown] | | |
| | [Text] | | | Owner name(s) | | | | | |
| | SM | IM | BM | [Text] | | | SM | IM | BM |
| | [Text] | | | Account balance | | | [Text] | | |
| | [Text] | | | Evidence | | | | | |
| | [Text] | | | ID'd via "geo search"? | | | | | |
| | [Dropdown] | | | Excluded for burial | | | [Text] | | |
| | [Text] | | | Other exclusion | | | [Text] | | |
| | [Text] | | | Countable amount | | | 0 | 0 | 0 |
| | Total number of [Text] | | | Additional [Text] | | | Total number of [Text] | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI | SM | IM | BM | | SM | IM | BM |
|------------------------------------|----|----|----|--|----|----|------------------------------------|
| | | | | Account balance | | | |
| MI-1 | | | | Evidence | | | |
| MI-2 | | | | ID'd via "geo search"? | | | |
| | | | | Excluded for burial | | | |
| | | | | Other exclusion | | | |
| | | | | Countable amount | 0 | 0 | 0 |
| Total number of financial accounts | | | | Additional | | | Total number of financial accounts |
| SM | IM | BM | | Additional accounts | SM | IM | BM |
| | | | | Number of savings accounts | | | |
| | | | | Countable savings account balance | | | |
| | | | | Number of checking accounts | | | |
| | | | | Countable checking account balance | | | |
| | | | | Were any of these additional accounts ID'd via "geo search"? | | | |

Total Financial Accounts

SI

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-1

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

Total Financial Accounts

MI-2

| | |
|----|---|
| SM | 0 |
| IM | 0 |
| BM | 0 |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

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

NO to ALL SI MI-1 MI-2

Override SI MI-1 MI-2

| | | | | | | |
|---------------------------|--|---|--|---|--|---|
| Patient Accounts | | ▼ | | ▼ | | ▼ |
| U.S. Savings Bonds | | ▼ | | ▼ | | ▼ |
| Promissory Notes | | ▼ | | ▼ | | ▼ |
| Stocks | | ▼ | | ▼ | | ▼ |
| Bonds | | ▼ | | ▼ | | ▼ |
| Mutual Funds | | ▼ | | ▼ | | ▼ |
| Trusts | | ▼ | | ▼ | | ▼ |
| Retirement Funds | | ▼ | | ▼ | | ▼ |
| LI Dividend Accumulations | | ▼ | | ▼ | | ▼ |
| Cash on hand | | ▼ | | ▼ | | ▼ |

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

MAIN MENU

PREVIOUS

ADD REMARKS

View Summary

COMPLETE

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

| Additional Patient Accounts | | | | |
|-----------------------------|--|----|----|----|
| | | SM | IM | BM |
| Countable Value | | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

| | | |
|--|-------------------|--|
| Total Number of Promissory Notes <input style="width: 40px;" type="text"/> | Additional | Total Number of Promissory Notes <input style="width: 40px;" type="text"/> |
|--|-------------------|--|

| Additional Promissory Notes | | | |
|-----------------------------|---|---|---|
| | SM | IM | BM |
| Countable Value | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

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

| SI's Name Propagates Here | | | | | | | | | |
|--|----|----|---|---|---|--|--|----|----|
| ALLEGED | | | Mutual Fund 1 | | | | VERIFIED | | |
| | | | Name of Fund | | | | | | |
| | | | Type of Fund | | | | | | |
| | | | Number of Shares | | | | | | |
| | | | Purchase Date | | | | | | |
| | | | Ownership | | | | | | |
| | | | Brokerage Firm | | | | | | |
| SM | IM | BM | | | | | SM | IM | BM |
| | | | Amount | | | | | | |
| | | | Evidence | | | | | | |
| | | | <div style="border: 1px solid black; padding: 2px;"> Excluded for Burial </div> | | | | | | |
| | | | <div style="border: 1px solid black; padding: 2px;"> Other Exclusion </div> | | | | | | |
| | | | Countable Amount | | | | | | |
| Total Number of Mutual Funds <input style="width: 50px;" type="text"/> | | | Additional | | | | Total Number of Mutual Funds <input style="width: 50px;" type="text"/> | | |
| Additional Mutual Funds | | | | | | | | | |
| | | | SM | IM | BM | | | | |
| Countable Value | | | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | | | | |

Total Oth. Liquid Resources

SI

| | |
|----|--|
| SM | <input style="width: 90%;" type="text"/> |
| IM | <input style="width: 90%;" type="text"/> |
| BM | <input style="width: 90%;" type="text"/> |

Total Oth. Liquid Resources

MI-1

| | |
|----|--|
| SM | <input style="width: 90%;" type="text"/> |
| IM | <input style="width: 90%;" type="text"/> |
| BM | <input style="width: 90%;" type="text"/> |

Total Oth. Liquid Resources

MI-2

| | |
|----|--|
| SM | <input style="width: 90%;" type="text"/> |
| IM | <input style="width: 90%;" type="text"/> |
| BM | <input style="width: 90%;" type="text"/> |

BACK

ADD
REMARKS

View
Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

SI's Name Propagates Here

ALLEGED **Trust 1** VERIFIED

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

ALLEGED **Trust 2** VERIFIED

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD
REMARKS

View
Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

| | | | |
|------------------------------------|----|----|----|
| Additional Retirement Funds | | | |
| | SM | IM | BM |
| Countable Value | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

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

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

BACK

Transfer of
ResourcesADD
REMARKSVIEW
SUMMARY

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

| | | SM | IM | BM |
|--|----------------------------|-------------------|----|----------------------|
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |
| ALLEGED | Policy 4 | VERIFIED | | |
| | Insurance Company | | | |
| | | SM | IM | BM |
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |
| Total Number of Policies with Div. Accumulations | <input type="text"/> | Additional | | <input type="text"/> |
| Additional Policies with Dividend Accumulations | | | | |
| | | SM | IM | BM |
| | Countable Value | | | |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

**ADD
REMARKS**

**View
Summary**

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

| | | | |
|------------------------------------|----|----|----|
| Additional Patient Accounts | | | |
| | SM | IM | BM |
| Countable Value | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD
REMARKS

View
Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

| | | | | |
|----------------------------------|--|-------------------|--|----------------------------------|
| Total Number of Promissory Notes | | Additional | | Total Number of Promissory Notes |
|----------------------------------|--|-------------------|--|----------------------------------|

| | | | |
|------------------------------------|----|----|----|
| Additional Promissory Notes | | | |
| | SM | IM | BM |
| Countable Value | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-1's Name Propagates Here

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-1's Name Propagates Here

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

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

MI-1's Name Propagates Here

| ALLEGED | | | Mutual Fund 1 | VERIFIED | | |
|--------------------------------|----|----|--|----------|------------------------------|----|
| | | | Name of Fund | | | |
| | | | Type of Fund | | | |
| | | | Number of Shares | | | |
| | | | Purchase Date | | | |
| | | | Ownership | | | |
| | | | Brokerage Firm | | | |
| SM | IM | BM | | SM | IM | BM |
| | | | Amount | | | |
| | | | Evidence | | | |
| | | | <div style="display: flex; align-items: center;"> <input type="checkbox"/> Excluded for Burial </div> | | | |
| | | | <div style="display: flex; align-items: center;"> <input type="checkbox"/> Other Exclusion </div> | | | |
| | | | Countable Amount | | | |
| Total Number of Mutual Funds | | | Additional | | Total Number of Mutual Funds | |
| Additional Mutual Funds | | | | | | |
| | | | SM | IM | BM | |
| Countable Value | | | | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD
REMARKS

View
Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-1's Name Propagates Here

ALLEGED Trust 1 VERIFIED

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

ALLEGED Trust 2 VERIFIED

| | | | | |
|--|---|---|--|--|
| | Does the SI/Payee have a copy of the trust? | ▼ | | |
| | Trustee Contact Information | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-1's Name Propagates Here

| ALLEGED | Retirement Fund 1 | | | VERIFIED | | | |
|------------------------------------|-------------------|---------------------------------|------------|----------|----|----------------------------------|----|
| | Type | | | | | | |
| | Administrator | | | | | | |
| | ▼ | Eligible for periodic payments? | | ▼ | | | |
| | ▼ | Can SI withdraw lump sum? | | ▼ | | | |
| | SM | IM | BM | | SM | IM | BM |
| | | | | Amount | | | |
| | | | | Evidence | | | ▼ |
| | ▼ | Excluded for Burial | | | | | |
| | | Other Exclusion | | | | | |
| | | Countable Amount | | | | | |
| Total Number of Retirement Funds | | ▼ | Additional | | ▼ | Total Number of Retirement Funds | |
| Additional Retirement Funds | | | | | | | |
| | | SM | IM | BM | | | |
| Countable Value | | | | | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

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

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

BACK

Transfer of
ResourcesADD
REMARKSVIEW
SUMMARY

NEXT

OTHER LIQUID RESOURCES

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

| | | SM | IM | BM |
|--|------------------------|-------------------|----|----|
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| <input type="checkbox"/> | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |
| ALLEGED | Policy 4 | VERIFIED | | |
| | Insurance Company | | | |
| | | SM | IM | BM |
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| <input type="checkbox"/> | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |
| Total Number of Policies with Div. Accumulations | | Additional | | |
| Additional Policies with Dividend Accumulations | | | | |
| | | SM | IM | BM |
| Countable Value | | | | |

OTHER LIQUID RESOURCES

ELEMENT 11

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

| MI-1's Name Propagates Here | | | | |
|-------------------------------|---------------------|----|----------|----|
| ALLEGED | Cash on Hand | | VERIFIED | |
| | | SM | IM | BM |
| | Cash Amounts | | | |
| <input type="text" value=""/> | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-2's Name Propagates Here

| ALLEGED | | | Account 1 | VERIFIED | | |
|---------|----|----|----------------------|----------|----|----|
| | | | Facility Information | | | |
| SM | IM | BM | | SM | IM | BM |
| | | | Account Balance | | | |
| | | | Evidence | | | |
| | | | Excluded for Burial | | | |
| | | | Other Exclusion | | | |
| | | | Countable Amount | | | |

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

| | SM | IM | BM |
|-----------------|----|----|----|
| Countable Value | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-2's Name Propagates Here

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-2's Name Propagates Here

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

| MI-2's Name Propagates Here | | | | | | | | | |
|-----------------------------|----|----|---|--|--|--|----------|----|----|
| ALLEGED | | | Bond 1 | | | | VERIFIED | | |
| | | | Bond Name | | | | | | |
| | | | Type of Bond | | | | | | |
| | | | Number of Bonds | | | | | | |
| | | | Purchase Date | | | | | | |
| | | | Ownership | | | | | | |
| | | | Brokerage Firm | | | | | | |
| SM | IM | BM | | | | | SM | IM | BM |
| | | | Bond Value | | | | | | |
| | | | Evidence | | | | | | |
| | | | <input type="checkbox"/> Excluded for Burial | | | | | | |
| | | | <input type="checkbox"/> Other Exclusion | | | | | | |
| | | | Countable Amount | | | | | | |
| ALLEGED | | | Bond 2 | | | | VERIFIED | | |
| | | | Bond Name | | | | | | |
| | | | Type of Bond | | | | | | |
| | | | Number of Bonds | | | | | | |
| | | | Purchase Date | | | | | | |
| | | | Ownership | | | | | | |

Total Oth. Liquid Resources

SI

SM

IM

BM

Total Oth. Liquid Resources

MI-1

SM

IM

BM

Total Oth. Liquid Resources

MI-2

SM

IM

BM

BACK

ADD
REMARKSView
Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-2's Name Propagates Here

ALLEGED Trust 1 VERIFIED

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

ALLEGED Trust 2 VERIFIED

| | | | | | |
|--|---|---|--|--|--|
| | Does the SI/Payee have a copy of the trust? | ▼ | | | |
| | Trustee Contact Information | | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

a copy of the trust?

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

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

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

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

OTHER LIQUID RESOURCES

ELEMENT 11

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

MI-2's Name Propagates Here

| ALLEGED | Retirement Fund 1 | VERIFIED |
|------------------------------------|---------------------------------|----------------------------------|
| | Type | |
| | Administrator | |
| | Eligible for periodic payments? | |
| | Can SI withdraw lump sum? | |
| SM | IM | BM |
| | Amount | |
| | Evidence | |
| | Excluded for Burial | |
| | Other Exclusion | |
| | Countable Amount | |
| Total Number of Retirement Funds | Additional | Total Number of Retirement Funds |
| Additional Retirement Funds | | |
| | SM | IM |
| Countable Value | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

OTHER LIQUID RESOURCES

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

MI-1's Name Propagates Here

ALLEGED Policy 1 VERIFIED

| | | | | |
|---|------------------------|----|----|----|
| | Insurance Company | | | |
| | | SM | IM | BM |
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| ▼ | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |

ALLEGED Policy 2 VERIFIED

| | | | | |
|---|------------------------|----|----|----|
| | Insurance Company | | | |
| | | SM | IM | BM |
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| ▼ | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |

ALLEGED Policy 3 VERIFIED

| | | | | |
|--|-------------------|--|--|--|
| | Insurance Company | | | |
|--|-------------------|--|--|--|

OTHER LIQUID RESOURCES

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

| | | SM | IM | BM |
|--|------------------------|-------------------|----|----------------------|
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| <input type="checkbox"/> | Excluded for Burial | | | |
| <input type="checkbox"/> | Other Exclusion | | | |
| | Countable Amount | | | |
| ALLEGED | Policy 4 | VERIFIED | | |
| | Insurance Company | | | |
| | | SM | IM | BM |
| | Policy Number | | | |
| | Dividend Accumulations | | | |
| <input type="checkbox"/> | Excluded for Burial | | | |
| <input type="checkbox"/> | Other Exclusion | | | |
| | Countable Amount | | | |
| Total Number of Policies with Div. Accumulations | <input type="text"/> | Additional | | <input type="text"/> |
| Additional Policies with Dividend Accumulations | | | | |
| | | SM | IM | BM |
| | Countable Value | | | |

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

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

| MI-2's Name Propagates Here | | | | |
|-----------------------------|---------------------|----|----------|----|
| ALLEGED | Cash on Hand | | VERIFIED | |
| | | SM | IM | BM |
| | Cash Amounts | | | |
| <input type="text"/> | Excluded for Burial | | | |
| | Other Exclusion | | | |
| | Countable Amount | | | |

Total Oth. Liquid Resources

SI

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

BACK

ADD REMARKS

View Summary

NEXT

NON-HOME PROPERTY

ELEMENT 12

SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes

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

 Override

Record who owns or is buying non-home property

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Total number of properties

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

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

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

 Override

MAIN
MENU

PREVIOUS

ADD
REMARKS

 COMPLETE

NEXT

SI
MI1
MI2

SI's Name Propagated Here

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

ALLEGED Non-Home Property 1 VERIFIED

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

ALLEGED Encumbrances VERIFIED

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

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

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

ALLEGED Encumbrances VERIFIED

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

Reason for Exclusion:

| | | | |
|------------------|--|--|--|
| Countable Amount | | | |
|------------------|--|--|--|

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

| | | | |
|---------------------------------------|----|----|----|
| Additional Non-Home Properties | | | |
| | SM | IM | BM |
| Countable Amount | | | |

SI
MI1
MI2

MI-1's Name Propagated Here

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

ALLEGED Non Home-Property 1 VERIFIED

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

ALLEGED Encumbrances VERIFIED

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

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

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

| | | |
|---------|---------------------|----------|
| ALLEGED | Encumbrances | VERIFIED |
|---------|---------------------|----------|

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

Reason for Exclusion:

| | | | |
|------------------|--|--|--|
| Countable Amount | | | |
|------------------|--|--|--|

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

SI

MI-2's Name Propagated Here

MI1

Property Location

ID'd via Negative Property Search?

MI2

| ALLEGED | | | Non Home-Property 1 | VERIFIED | | |
|----------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | | | Type of Property | <input type="text"/> | | |
| <input type="text"/> | | | Type of Ownership | <input type="text"/> | | |
| <input type="text"/> | | | Evidence of Ownership | <input type="text"/> | | |
| <input type="text"/> | | | Duration of Ownership | <input type="text"/> | | |
| <input type="text"/> | | | Income Producing | <input type="text"/> | | |
| SM | IM | BM | | SM | IM | BM |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | CMV | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | | Evidence of CMV | <input type="text"/> | | |
| ALLEGED | | | Encumbrances | VERIFIED | | |
| <input type="text"/> | | | Does one or more exist? | <input type="text"/> | | |
| <input type="text"/> | | | Evidence | <input type="text"/> | | |
| <input type="text"/> | | | | SM | IM | BM |
| <input type="text"/> | | | Amount | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | | Equity Value | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | | Ownership % | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | | Excluded? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | | Reason for Exclusion: | <input type="text"/> | | |

BACK

ADD REMARKS

NEXT

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

ALLEGED Encumbrances VERIFIED

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

Reason for Exclusion:

Countable Amount

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

BACK

ADD REMARKS

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

SI's Name Propagates Here

MI-1

MI-2

SSN(s) search

Determination

 SI MI-1 MI-2

Record the number of properties found

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI1's Name Propagates Here

MI-1

MI-2

SSN Search

Name Search

SSN(s) Search

Determination

 SI MI-1 MI-2

Record the number of properties found

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI1's Name Propagates Here

MI-1

MI-2

SSN Search

Name Search

| Name(s) Search | | |
|------------------------------|---------------------------|-----------|
| | | |
| | | |
| Jurisdiction Searched | County/Parish/City | ST |
| | | ▼ |
| Alpha Listing | ▼ | |
| Contact Method | ▼ | |
| Name of Contact | | |
| Title of Contact | | |
| Date of Contact | | |
| Contact Information | | |

Determination

 ▼

 SI MI-1 MI-2

Record the number of properties found

MAIN
MENU

PREVIOUS

ADD
REMARKS

 COMPLETE

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI2's Name Propagates Here

MI-1

SSN Search | Name Search

MI-2

SSN(s) Search

| | |
|--|--|
| | |
| | |

Determination

 SI MI-1 MI-2

Record the number of properties found

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI2's Name Propagates Here

SSN Search

Name Search

| Name(s) Search | | |
|-----------------------|--------------------|----|
| | | |
| | | |
| Jurisdiction Searched | County/Parish/City | ST |
| | | ▼ |
| Alpha Listing | ▼ | |
| Contact Method | ▼ | |
| Name of Contact | | |
| Title of Contact | | |
| Date of Contact | | |
| Contact Information | | |

Determination

 SI
 MI-1
 MI-2

Record the number of properties found

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

[NEXT](#)

VEHICLES

ELEMENT 14

SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

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

 Override

Record who owns or is buying vehicles.

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

Total number of vehicles

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

 OverrideMAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV

SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

SI's Name Propagates Here

ALLEGED Vehicle 1 VERIFIED

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

ALLEGED Encumbrances VERIFIED

| | | |
|--|-------------------------|----------|
| | Does one or more exist? | |
| | Evidence | |
| | | SM IM BM |

BACK

ADD REMARKS

Transfer of Resources

NEXT

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

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

SI
MI-1
MI-2

| | | | |
|---------------|----|----|----|
| | SM | IM | BM |
| Amount | | | |
| Countable CMV | | | |

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

ALLEGED **Vehicle 3** VERIFIED

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

ALLEGED **Encumbrances** VERIFIED

| | | |
|--|-------------------------|--|
| | Does one or more exist? | |
|--|-------------------------|--|

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

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

ALLEGED Encumbrances VERIFIED

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

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

| | | |
|---------------|----|----|
| SM | IM | BM |
| Countable CMV | | |

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI
MI-1
MI-2

ELEMENT 14

MI-1's Name Propagates Here

ALLEGED Vehicle 1 VERIFIED

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

ALLEGED Encumbrances VERIFIED

| | | |
|-------------------------|----|----|
| Does one or more exist? | | |
| Evidence | | |
| SM | IM | BM |

Total Countable CMV

SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

| | | | |
|---------------|--|--|--|
| Amount | | | |
| Countable CMV | | | |

ELEMENT 14

Total Countable CMV

SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

ALLEGED Vehicle 2 VERIFIED

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

ALLEGED Encumbrances VERIFIED

| | | |
|--|-------------------------|--|
| | Does one or more exist? | |
| | Evidence | |

BACK

ADD REMARKS

Transfer of Resources

NEXT

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

ELEMENT 14

Total Countable CMV

SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

| | | |
|----------------------------|----|--------------------------|
| Condition | | |
| Mileage | | |
| Duration of Ownership | | |
| Evidence | | |
| SM | IM | BM |
| CMV | | |
| Evidence of CMV | | |
| Excluded? | | |
| Reason for Exclusion | | |
| ALLEGED | | |
| Encumbrances | | |
| VERIFIED | | |
| Does one or more exist? | | |
| Evidence | | |
| SM | IM | BM |
| Amount | | |
| Countable CMV | | |
| Total Number of Vehicles | | Total Number of Vehicles |
| Additional | | |
| Additional Vehicles | | |
| SM | IM | BM |
| Countable CMV | | |

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV

SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

MI-2's Name Propagates Here

ALLEGED

Vehicle 1

VERIFIED

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

ALLEGED

Encumbrances

VERIFIED

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

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

| | | | |
|---------------|--|--|--|
| Amount | | | |
| Countable CMV | | | |

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV

MI-2

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

ALLEGED Vehicle 2 VERIFIED

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

ALLEGED Encumbrances VERIFIED

| | | |
|--|-------------------------|--|
| | Does one or more exist? | |
| | Evidence | |

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI
MI-1
MI-2

| | | | |
|---------------|----|----|----|
| | SM | IM | BM |
| Amount | | | |
| Countable CMV | | | |

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

ALLEGED **Vehicle 3** VERIFIED

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

ALLEGED **Encumbrances** VERIFIED

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

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV
SI

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

Total Countable CMV

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

Total Countable CMV
MI-2

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

| | | |
|--------------------------------------|----|--------------------------|
| Condition | | |
| Mileage | | |
| Duration of Ownership | | |
| Evidence | | |
| SM | IM | BM |
| CMV | | |
| Evidence of CMV | | |
| Excluded? | | |
| Reason for Exclusion | | |
| ALLEGED Encumbrances VERIFIED | | |
| Does one or more exist? | | |
| Evidence | | |
| SM | IM | BM |
| Amount | | |
| Countable CMV | | |
| Total Number of Vehicles | | Total Number of Vehicles |
| Additional | | |
| Additional Vehicles | | |
| SM | IM | BM |
| Countable CMV | | |

BACK

ADD REMARKS

Transfer of Resources

NEXT

LIFE INSURANCE

ELEMENT 15

SYSTEMS DATA

My SSR / MSSICS Notes

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

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

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

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

LIFE INSURANCE

ELEMENT 15

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

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

BACK

ADD
REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

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

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

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

| Additional Life Insurance Policies | | | |
|---|----|----|----|
| Face Value of All Additional Countable LIPs | | | |
| | SM | IM | BM |
| CSV | | | |
| Loan(s) | | | |
| Excl. Amounts | | | |
| Countable CSV | | | |

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

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

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

BACK

ADD
REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

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

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

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

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

BACK

ADD
REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

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

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

BACK

ADD REMARKS

NEXT

OTHER NONLIQUID RESOURCES

ELEMENT 16

SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

|

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

 Override

Record who owns or is buying nonliquid resources

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Total number of nonliquid resources:

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

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

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

 Override

MAIN
MENU

PREVIOUS

ADD
REMARKS

COMPLETE

NEXT

NONLIQUID RESOURCES

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

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

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

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

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

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

| | | | | | | | |
|---------------------------------------|----|---------------------|-------------------------|-----------------------|-------------------------------------|----|----|
| SI | | | | Duration of Ownership | | | |
| MI-1 | SM | IM | BM | | SM | IM | BM |
| MI-2 | | | | CMV | | | |
| | | | | Evidence of CMV | | | |
| | | | | Ownership % | | | |
| ALLEGED | | Encumbrances | | | VERIFIED | | |
| | | | Does one or more exist? | | | | |
| | | | Evidence | | | | |
| | | | | SM | IM | BM | |
| | | | Amount | | | | |
| | | | Excluded for Burial | | | | |
| | | | Other Exclusion | | | | |
| | | | Countable Amount | | | | |
| Total Number of Nonliquid Resources | | | Additional | | Total Number of Nonliquid Resources | | |
| Additional Nonliquid Resources | | | | | | | |
| | | | SM | IM | BM | | |
| Countable Amount | | | | | | | |

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

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

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

| | | | | | | | |
|-------------------------------------|----|---------------------|-------------------------|-----------------------|-------------------------------------|----------|----|
| SI | | | | Duration of Ownership | | | |
| MI-1 | SM | IM | BM | | SM | IM | BM |
| MI-2 | | | | CMV | | | |
| | | | | Evidence of CMV | | | |
| | | | | Ownership % | | | |
| ALLEGED | | Encumbrances | | | | VERIFIED | |
| | | | Does one or more exist? | | | | |
| | | | Evidence | | | | |
| | | | Amount | | SM | IM | BM |
| | | | Excluded for Burial | | | | |
| | | | Other Exclusion | | | | |
| | | | Countable Amount | | | | |
| Total Number of Nonliquid Resources | | | Additional | | Total Number of Nonliquid Resources | | |
| Additional Nonliquid Resources | | | | | | | |
| | | | SM | IM | BM | | |
| Countable Amount | | | | | | | |

Total NonLiquid Resources

SI

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

Total NonLiquid Resources

MI-1

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

Total NonLiquid Resources

MI-2

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

BACK

ADD REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes

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

Override

Record who owns or is buying burial assets.

SI

MI-1

MI-2

Override

SI

MI-1

MI-2

Total number of burial assets

Check to display a list of possible burial assets.

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

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

Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

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

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

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

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

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

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

MI-1's Name Propagates Here

| | Asset 1 | |
|---------|----------------------------------|----------------|
| ALLEGED | Type of Burial Asset | VERIFIED |
| | Source Information | |
| | Asset Location | |
| | Identifier | |
| | Owner Name | |
| | Designee | |
| | Date Asset Designated for Burial | |
| | Irrevocable | |
| | | SM IM BM |
| | Total Value | |
| | Exclusion Applies | |
| | Countable Value | |
| | Asset 2 | |
| ALLEGED | Type of Burial Asset | VERIFIED |
| | Source Information | |

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

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

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

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

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

MI-2's Name Propagates Here

| | Asset 1 | |
|---------|----------------------------------|----------------|
| ALLEGED | Type of Burial Asset | VERIFIED |
| | Source Information | |
| | Asset Location | |
| | Identifier | |
| | Owner Name | |
| | Designee | |
| | Date Asset Designated for Burial | |
| | Irrevocable | |
| | | SM IM BM |
| | Total Value | |
| | Exclusion Applies | |
| | Countable Value | |
| | Asset 2 | |
| ALLEGED | Type of Burial Asset | VERIFIED |
| | Source Information | |

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

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

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

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

Total Burial Assets

SI

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

Total Burial Assets

MI-1

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

Total Burial Assets

MI-2

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

BACK

ADD REMARKS

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI
MI-1
MI-2

SI's Name Propagates Here

| ALLEGED | Transfer 1 | VERIFIED |
|----------------------|---|----------------------|
| <input type="text"/> | Type of Resource <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Description <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Owner(s) Name <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Date of Transfer <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Receiver's Contact Information <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Type of Transfer <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Compensation Received <input type="text"/> | <input type="text"/> |
| <input type="text"/> | FMV <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Evidence <input type="text"/> | <input type="text"/> |

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

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

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

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

Transfers Indicated

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

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

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

Transfers Indicated

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

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

- SI
- MI-1
- MI-2

| | |
|----------|--|
| Received | |
| FMV | |
| Evidence | |

Transfers Indicated

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

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

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

Transfers Indicated

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

MAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

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

Transfers Indicated

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

MAIN MENU

PREVIOUS

ADD REMARKS

 COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES SI/MI INCOME IC INCOME

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

| | SM | IM | BM | Number |
|-------------------------|----|----|----|--------|
| US SAVINGS BONDS | | | | |
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |
| PROMISSORY NOTES | | | | |
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |
| STOCKS | | | | |
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

| | SM | IM | BM | Number |
|------------------------------|----|----|----|--------|
| CHECKING | | | | |
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |
| SAVINGS | | | | |
| | SM | IM | BM | Number |
| FINANCIAL INSTITUTION | | | | |
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |
| PATIENT ACCOUNTS | | | | |
| SI | | | | |

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES

SI/MI INCOME

IC INCOME

| | | | | |
|------|--|--|--|--|
| MI-1 | | | | |
| MI-2 | | | | |

BONDS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

MUTUAL FUNDS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

TRUSTS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

RETIREMENT FUNDS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

LI DIVIDEND ACCUMULATIONS

| | | | | |
|----|--|--|--|--|
| SI | | | | |
|----|--|--|--|--|

| PATIENT ACCOUNTS | | | | |
|------------------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

TOTAL SAVINGS
FINANCIAL + PATIENT ACCOUNTS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

VEHICLES

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

LIFE INSURANCE

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

BURIAL ASSETS

| | | | | |
|----|--|--|--|--|
| SI | | | | |
|----|--|--|--|--|



MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES SI/MI INCOME IC INCOME

TRUSTS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

RETIREMENT FUNDS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

LI DIVIDEND ACCUMULATIONS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

CASH ON HAND

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

VEHICLES

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

LIFE INSURANCE

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

BURIAL ASSETS

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

NON HOME PROPERTY

| | | | | |
|------|--|--|--|--|
| SI | | | | |
| MI-1 | | | | |
| MI-2 | | | | |

Determination

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

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

Total Deductions/ Exclusion Amounts Unearned Income

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

Total Deductions/ Exclusion Amounts Earned Income

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

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

| | | | |
|---------------------------------------|-------------|--|--|
| Additional UM Exclusions/Deductions | | | |
| | MI-2 | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Exclusions/Deductions | | | |

| | | | |
|------------------------|-------------|--|--|
| IRWE | | | |
| BWE | | | |
| Court-Ordered Payments | | | |
| PASS-Earned | | | |
| OTHER-Earned | | | |
| | MI-2 | | |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| IRWE | | | |
| BWE | | | |
| Court-Ordered Payments | | | |
| PASS-Earned | | | |
| OTHER-Earned | | | |

Earned Income Determination

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

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

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

Total Deductions/ Exclusion Amounts Unearned Income

| | IC-1 | | |
|---------------------------------------|------|----|----|
| | SM | IM | BM |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Exclusions/Deductions | | | |
| IC-2 | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Exclusions/Deductions | | | |
| IC-3 | | | |

Total Deductions/ Exclusion Amounts Earned Income

| | IC-1 | | |
|------------------------|------|----|----|
| | SM | IM | BM |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |
| IC-2 | | | |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | **IC INCOME**

| | | | |
|---------------------------------------|--|--|--|
| Additional UM Exclusions/Deductions | | | |
| IC-3 | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Exclusions/Deductions | | | |
| IC-4 | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Exclusions/Deductions | | | |
| IC-5 | | | |
| Caption from UM Exclusions/Deductions | | | |
| Caption from UM Exclusions/Deductions | | | |
| Additional UM Excl/Dedct | | | |

| | | | |
|------------------------|--|--|--|
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |
| IC-3 | | | |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |
| IC-4 | | | |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |
| IC-5 | | | |
| Cafeteria Plan | | | |
| Student Earned Income | | | |
| Court-Ordered Payments | | | |
| OTHER Earned | | | |

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

REPRESENTATIVE PAYEE

ELEMENT 20

SYSTEMS DATA

My SSR / MSSICS Notes

Name

Selection Date

Payee Type

Competency Code

Custody Code

**SAMPLED
INDIVIDUAL**

Is there an alleged or observed need for payee development?

If yes, indicate the need

**MAIN
MENU**

PREVIOUS

**ADD
REMARKS**

COMPLETE

NEXT

REPRESENTATIVE PAYEE

ELEMENT 20

SYSTEMS DATA

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

ELIGIBLE SPOUSE

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD
REMARKS

NEXT

DEATH OF MATERIAL INDIVIDUAL

ELEMENT 21

My SSR / MSSICS Notes:

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

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

Did the deceased MI (s) affect payment/eligibility during the sample period?

| | |
|---------------|----------------------|
| Name | <input type="text"/> |
| SSN | <input type="text"/> |
| Relationship | <input type="text"/> |
| Date of Death | <input type="text"/> |
| Evidence | <input type="text"/> |

| | |
|---------------|----------------------|
| Name | <input type="text"/> |
| SSN | <input type="text"/> |
| Relationship | <input type="text"/> |
| Date of Death | <input type="text"/> |
| Evidence | <input type="text"/> |

Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

POTENTIAL ENTITLEMENT

ELEMENT 22

My SSR / MSSICS Notes

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

Served in the Military?

 NO to ALL Override

Belonged to a Labor Union?

 Override

Worked for the Federal Government?

 Override

Worked for the State/ Local Government?

 Override

Worked in the Railroad Industry?

 Override

Worked under a Social Security or pension plan of a Country other than the U.S.

 Override

Worked for a private employer who offered a pension plan?

 OverrideMAIN
MENU

PREVIOUS

ADD
REMARKS COMPLETE

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

Person with Military service Relationship to SI

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

Status of claim for Military service benefits

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

Referral to FO Reason

Person with Military service Relationship to SI

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

Status of claim for Military service benefits

Reason for Denial

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

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL
 UNION
 FED
 STATE/ LOCAL
 RAILROAD
 OTH COUNTRY
 PRIVATE PENSION

Status of claim for Military service benefits

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

Referral to FO Reason

Person with Military service SSN Relationship to SI

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

Status of claim for Military service benefits

Reason for Denial

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

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Union Member SSN Relationship to SI
 Status of claim for Union benefits Claim or ID number
 Union name

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

 Referral to FO Reason

Union Member SSN Relationship to SI
 Status of claim for Union benefits Claim or ID number
 Reason for Denial
 Union name

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

| | |
|--|--|
| | |
| | |
| | |

Referral to FO Reason

Union Member SSN Relationship to SI
 Status of claim for Union benefits Claim or ID number

Reason for Denial

Union name

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO Reason

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

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |

BACK

ADD
REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

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

| | |
|--|--|
| | |
| | |
| | |

Referral to FO Reason

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

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO

POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

State/Local Employee Relationship to SI

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

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO Reason

State/Local Employee Relationship to SI

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

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

| | |
|--|--|
| | |
| | |
| | |
| | |

Referral to FO Reason

State/Local Employee SSN Relationship to SI
 Status of claim for State/Local benefits Claim or ID number

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

Railroad Employee SSN Relationship to SI

Status of claim for Railroad employment benefits

RR Claim number

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO Reason

Railroad Employee SSN Relationship to SI

Status of claim for Railroad employment benefits

Reason for Denial

RR Claim number

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

| | |
|--|--|
| | |
| | |
| | |

Referral to FO Reason

Railroad Employee SSN Relationship to SI

Status of claim for Railroad employment benefits

Reason for Denial

RR Claim number

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

| | | | | | |
|---|----------------------|--------------------|--------------------------------|--------------------|----------------------|
| Foreign Employee | <input type="text"/> | SSN | <input type="text"/> | Relationship to SI | <input type="text"/> |
| Status of claim for Foreign employment benefits | <input type="text"/> | Claim or ID number | <input type="text"/> | | |
| Country(ies) | | | Period or length of employment | | |
| <input type="text"/> | | | <input type="text"/> | | |
| <input type="text"/> | | | <input type="text"/> | | |
| <input type="text"/> | | | <input type="text"/> | | |
| <input type="text"/> | | | <input type="text"/> | | |
| Referral to FO | <input type="text"/> | Reason | <input type="text"/> | | |

| | | | | | |
|---|----------------------|--------------------|--------------------------------|--------------------|----------------------|
| Foreign Employee | <input type="text"/> | SSN | <input type="text"/> | Relationship to SI | <input type="text"/> |
| Status of claim for Foreign employment benefits | <input type="text"/> | Claim or ID number | <input type="text"/> | | |
| Reason for Denial | <input type="text"/> | | | | |
| Country(ies) | | | Period or length of employment | | |
| <input type="text"/> | | | <input type="text"/> | | |
| <input type="text"/> | | | <input type="text"/> | | |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

| | |
|--|--|
| | |
| | |
| | |

Referral to FO Reason

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

Reason for Denial

| Country(ies) | Period or length of employment |
|--------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Employee SSN Relationship to SI

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

Claim or ID number

Status of claim for Private Sector employment benefits

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO Reason

Employee SSN Relationship to SI

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

Claim or ID number

Status of claim for Private Sector employment benefits

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

| | |
|--|--|
| | |
| | |
| | |

Referral to FO Reason

Employee SSN Relationship to SI

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

Status of claim for Private Sector employment benefits

Reason for Denial

| Employer(s) | Period or length of employment |
|-------------|--------------------------------|
| | |
| | |
| | |
| | |
| | |

Referral to FO

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

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

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

Is the SI insured per PEBES or other queries?

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

Is the SI insured per DISCO or other queries?

Referral to FO

Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Childhood Disability Benefits (CDB)

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

Was the SI disabled prior to age 22?

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

Father's Name SSN

Mother's Name SSN

Grandparent's Name SSN

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

Referral to FO Reason

Child Benefits

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

Is the SI under age 18?

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

Father's Name SSN

Mother's Name SSN

BACK

ADD REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Child Benefits

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

Is the SI under age 18?

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

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

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

Referral to FO Reason

Spouse Benefits

Was the SI ever married?

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

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

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

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

BACK

**ADD
REMARKS**

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

Referral to FO

Reason

Spouse Benefits

Was the SI ever married?

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

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

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

Spouse's Name SSN

Spouse's Name SSN

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

Referral to FO

Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Childhood Disability Benefits (CDB)

Was the SI disabled prior to age 22?

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

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

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

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

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

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

Referral to FO Reason

Child Benefits

Is the SI under age 18?

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

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

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

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

BACK

**ADD
REMARKS**

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

Child Benefits

Is the SI under age 18?

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

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

Father's Name SSN

Mother's Name SSN

Grandparent's Name SSN

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

Referral to FO Reason

Widow(er) Benefits

Was the SI ever married?

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

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

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

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

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Widow(er) Benefits

Was the SI ever married?

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

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

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

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

Spouse's Name SSN

Spouse's Name SSN

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

Referral to FO Reason

Parent's Benefits

Was the SI the Parent of a deceased worker?

Worker's Name SSN

Worker's Name SSN

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

BACK

**ADD
REMARKS**

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

Spouse's Name SSN

Spouse's Name SSN

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

Referral to FO Reason

Parent's Benefits

Was the SI the Parent of a deceased worker?

Worker's Name SSN

Worker's Name SSN

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

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

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

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

Is the ES insured per PEBES or other queries?

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

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

Is the ES insured per DISCO or other queries?

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Childhood Disability Benefits (CDB)

Has the ES ever applied for CDB benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

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

| | | | |
|---------------|--|-----|--|
| Father's Name | | SSN | |
|---------------|--|-----|--|

| | | | |
|---------------|--|-----|--|
| Mother's Name | | SSN | |
|---------------|--|-----|--|

| | | | |
|--------------------|--|-----|--|
| Grandparent's Name | | SSN | |
|--------------------|--|-----|--|

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

Referral to FO Reason

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits?

Has the ES ever applied for benefits on the SI's record ? Is the ES 62 years of age or older?

Have the SI and ES been married for at least one year?

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

Referral to FO Reason

BACK

**ADD
REMARKS**

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Was the ES disabled prior to age 22?

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

Father's Name SSN

Mother's Name SSN

Grandparent's Name SSN

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

Referral to FO Reason

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits?

Has the ES ever applied for benefits on the SI's record ? Is the ES 62 years of age or older?

Have the SI and ES been married for at least one year?

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

Referral to FO Reason

BACK

**ADD
REMARKS**

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

SI-RET- Own Record

SI-DIB- Own Record

SI-AUXILIARY

SI-SURVIVOR

ES-RET- Own Record

ES-DIB- Own Record

ES-AUXILIARY

ES-SURVIVOR

Childhood Disability Benefits (CDB)

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

Was the ES disabled prior to age 22?

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

Father's Name SSN

Mother's Name SSN

Grandparent's Name SSN

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

Referral to FO Reason

Widow(er)'s Benefits

Did the ES have any prior marriages?

Has the ES ever applied for widow(er) benefits from a prior marriage?

Did the ES marry the SI after attaining 60 years of age?

If no, was the ES disabled and married the SI after attaining 50 years of age?

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth SI AGE

ES Date of Birth ES AGE

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

Was the ES disabled prior to age 22?

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

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

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

Referral to FO Reason

Widow(er)'s Benefits

Did the ES have any prior marriages?

Has the ES ever applied for widow(er) benefits from a prior marriage?

Did the ES marry the SI after attaining 60 years of age?

If no, was the ES disabled and married the SI after attaining 50 years of age?

Referral to FO Reason

BACK

ADD
REMARKS

NEXT

FRAUD

ELEMENT 23

My SSR / MSSICS Notes

|

Is fraud suspected?

▼

Reason

▼

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

EXCLUSIONS

ELEMENT 24

Is this case excluded?

Reason for exclusion

QR Exclusion Types

MAIN
MENU

PREVIOUS

ADD
REMARKS

COMPLETE

NEXT