

# 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 X

**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  
ES

## SI VERBAL IDENTIFICATION

|                   | 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              |              | <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

## 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

ES

| 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"/>          |
| <input type="text"/> | POB Evidence <input type="text"/>          |
| <input type="text"/> | Document Number <input type="text"/>       |
| <input type="text"/> | Date Issued/ Recorded <input type="text"/> |
| <input type="text"/> | Place Issued <input type="text"/>          |

### SAMPLE INDIVIDUAL

DOB Determination

US-Born Citizenship Determination

### ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

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# PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

## SYSTEMS DATA SI

## SYSTEMS DATA ES

DOB  FTH

POB  MTH

Citizenship Code

DOB  FTH

POB  MTH

Citizenship Code

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

MAIN MENU

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

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# 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

▼
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# 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"/> |

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# 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

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# 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

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

SI Determination

ES Determination

MAIN MENU

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ADD REMARKS

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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"/> |
|    |                      | Date left U.S.             | <input type="text"/> |
| ES |                      | Date Returned to U.S.      | <input type="text"/> |
|    |                      | Type Of Evidence           | <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"/> |
|    |                      | 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 | <input type="text"/> |    |    |             |     |

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

|                 |                      |
|-----------------|----------------------|
| EVIDENCE TYPE   | <input type="text"/> |
| ISSUING ENTITY  | <input type="text"/> |
| PLACE ISSUED    | <input type="text"/> |
| DOCUMENT NUMBER | <input type="text"/> |
| DATE ISSUED     | <input type="text"/> |
| DATE RECORDED   | <input type="text"/> |
| EVENT DATE      | <input type="text"/> |

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

# 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

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

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

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- 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
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- 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
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- 3
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- 6 If Residence Type = 1 or 2, with whom does the SI live?
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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
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- ISM
- OSS
- LA Change
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- Determination

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

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

Main LA Screen

ADD REMARKS

NEXT



# INSTITUTION

|   |    |    |    |  |            |            |            |
|---|----|----|----|--|------------|------------|------------|
| 1 |    |    |    | Type of Contact                                | [Dropdown] |            |            |
| 2 |    |    |    | Date of Contact                                | [Text]     |            |            |
| 3 |    |    |    | Date of Admission                              | [Text]     |            |            |
| 4 |    |    |    | 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]     |
|   |    |    |    | 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 |            |            |            |

# 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                                | [Dropdown] |            |            |
| 2      |    |    |    | Date of Contact                                | [Text]     |            |            |
| 3      |    |    |    | Date of Admission                              | [Text]     |            |            |
| 4      |    |    |    | 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 |            |            |            |



# 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

- 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]     |
| [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               |          |
|   |         | 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

| 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

| 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"/> |

# 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

| 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: 200px;" type="text"/> |
|         | Expiration Date              | <input style="width: 100px;" type="text"/> |
|         | Facility Contact Information |  |
|         | Facility Rep. Name           | <input style="width: 200px;" type="text"/> |
|         | Title of Contact             | <input style="width: 200px;" type="text"/> |
|         | Type of Contact              | ▼  |
|         | Date of Contact              | <input style="width: 100px;" type="text"/> |
| [ ]     | Date of Admission            | <input style="width: 100px;" type="text"/> |
| [ ]     | Date of Discharge            | <input style="width: 100px;" 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? |          |

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# 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? |          |

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# 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? |          |

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# 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               |          |
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|   |         | Home Ownership Type?        |          |
|   |         | Monthly Mortgage            |          |
|   |         | Evidence                    |          |
|   |         | Home ownership established? |          |

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# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

| 1 | ALLEGED              | Date Propagates Here        | VERIFIED             |
|---|----------------------|-----------------------------|----------------------|
| 2 | <input type="text"/> | Residence Address           | <input type="text"/> |
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|   |                      | 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

# 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 |                      |   |                      |
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|   | <input type="text"/> | Amount of Rental Payment  | <input type="text"/> |
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|   | <input type="text"/> | Is anyone in the household related to the landlord or the landlord's spouse as parent or child? | <input type="text"/> |
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|   |                      | 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"/> |
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|   | <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 |
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| 2 |         | Residence Address   |          |
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|   |         | 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"/>                           |
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|   |                      | 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"/> |
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|   | <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"/>                           |
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|   | <input type="text"/> | Amount of Subsidy   | <input type="text"/>                           |
|   |                      | Is Subsidy Excluded?  | <input type="text"/>                           |

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# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

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|---|----------------------|---|----------------------|
| 2 | <input type="text"/> | Residence Address   | <input type="text"/> |
| 3 |                      |   |                      |
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|   |                      | CMRV  | <input type="text"/> |

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

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|---|----------------------|---|--|
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|   | <input type="text"/> | Amount of Subsidy   | <input type="text"/>                           |
|   |                      | Is Subsidy Excluded?  | <input type="text"/>                           |

Main LA  
Screen

ADD  
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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"/> |
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|   | <input type="text"/> | Amount of Rental Payment  | <input type="text"/> |
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|   | <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

|   |                      |   |  |
|---|----------------------|---|--|
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|   | <input type="text"/> | Amount of Subsidy   | <input type="text"/>                           |
|   |                      | Is Subsidy Excluded?  | <input type="text"/>                           |

Main LA  
ScreenADD  
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 |    |    |    |

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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? |  |
|--|------------------------|--|

|  |  |  |
|--|--|--|
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|--|--|--|

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

|  |  |  |
|--|--|--|
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|--|--|--|

|  |  |  |
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|  |                                       |  |
|--|---------------------------------------|--|
|  | 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 |    |    |    |

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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 | 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

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

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  MI-2  No material individuals in the review period

Total number of ineligible children

Total number of ineligible siblings

# 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
- 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  
 MI-2

No material individuals in the review period

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

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

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

Total number of ineligible siblings

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

LIVING ARRANGEMENTS - INELIGIBLE CHILDREN

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  | IC-1   |
| IC-2  | IC-2   |
| IC-3  | IC-3   |
| IC-4  | IC-4   |
| IC-5  | IC-5   |

CLOSE

# HOUSEHOLD EXPENSES

ELEMENT 6

|   |                   |  |                   |                 |    |
|---|-------------------|--|-------------------|-----------------|----|
| 1 | Residence Address |  | AVERAGING PERIOD: | FROM            | TO |
| 2 |                   |  |                   |                 |    |
| 3 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b>   | <b>EVIDENCE</b> |    |
| 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 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b>   | <b>EVIDENCE</b> |    |
| 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 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b>   | <b>EVIDENCE</b> |    |
| 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 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b>   | <b>EVIDENCE</b> |    |
| 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 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b> | <b>EVIDENCE</b>   |      |    |
| 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 | <b>ALLEGED</b>    | <b>Date Propagates Here</b>                              | <b>VERIFIED</b>   | <b>EVIDENCE</b> |    |
| 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

# 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

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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


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# 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

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# 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

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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

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# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

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

1

Residence Address

2

3

**OUTSIDE ISM**

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

Does contribution benefit the SI only?

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





# 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?   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  
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REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

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

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 |  |  |  |  | <input type="checkbox"/> Infrequent or Irregular |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

|                      |  |
|----------------------|--|
| # 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

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?

Does contribution benefit the SI only?

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

|                      |             |                      |
|----------------------|-------------|----------------------|
| <input type="text"/> | Type of ISM | <input type="text"/> |
|----------------------|-------------|----------------------|

|                      |        |                      |
|----------------------|--------|----------------------|
| <input type="text"/> | Amount | <input type="text"/> |
|----------------------|--------|----------------------|

|                      |        |                      |
|----------------------|--------|----------------------|
| <input type="text"/> | Source | <input type="text"/> |
|----------------------|--------|----------------------|

|                      |                            |                      |
|----------------------|----------------------------|----------------------|
| <input type="text"/> | Source Contact Information | <input type="text"/> |
|----------------------|----------------------------|----------------------|

|                      |                 |                      |
|----------------------|-----------------|----------------------|
| <input type="text"/> | # of HH members | <input type="text"/> |
|----------------------|-----------------|----------------------|

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| <input type="text"/> | Is ISM Countable? | <input type="text"/> |
|----------------------|-------------------|----------------------|

|                      |               |                      |
|----------------------|---------------|----------------------|
| <input type="text"/> | If no, reason | <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

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 | Residence Address   |                             |   |
| 2 |   |                             |   |
| 3 | <b>OUTSIDE ISM</b>  |                             |   |
| 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 | <b>ALLEGED</b>  | <b>Date Propagates Here</b> | <b>VERIFIED</b>   |
|   | <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 |
|   | <b>INSIDE ISM</b>   |                             |   |
|   | 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) |          |

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

Residence Address

2

**OUTSIDE ISM**

4

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

5

Does contribution benefit the SI only?

**ALLEGED**

**Date Propagates Here**

**VERIFIED**

6

|  |                            |  |
|--|----------------------------|--|
|  | Type of ISM                |  |
|  | Amount                     |  |
|  | Source                     |  |
|  | Source Contact Information |  |
|  | # of HH members            |  |
|  | Is ISM Countable?          |  |
|  | If no, reason              |  |
|  | Countable ISM Amount       | <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) |                      |          |

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

Change Since mm/dd/yyyy?

Date of change

Type

Residence 2

Change Since mm/dd/yyyy?

Date of change

Type

Residence 3

Change Since mm/dd/yyyy?

Date of change

Type

Residence 4

Change Since mm/dd/yyyy?

Date of change

Type

Residence 5

Change Since mm/dd/yyyy?

Date of change

Type

Residence 6

Change Since mm/dd/yyyy?

Date of change

Type

[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

ELEMENT 6

|           |                                |      |         |              |
|-----------|--------------------------------|------|---------|--------------|
| <b>BM</b> | Other HH member's contribution |      |         |              |
| <b>IM</b> |                                | FOOD | SHELTER | FOOD/SHELTER |
| <b>SM</b> | 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

|                             |                                 |                             |
|-----------------------------|---------------------------------|-----------------------------|
| <b>SM FLA Determination</b> | <b>SM FLA ISM Determination</b> | <b>SM OSS Determination</b> |
|                             |                                 |                             |

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

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

## 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

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

ELEMENT 6

BM  
IM  
SM

|                                |      |         |              |
|--------------------------------|------|---------|--------------|
| Other HH member's contribution |      |         |              |
|                                | FOOD | SHELTER | FOOD/SHELTER |
| 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 |
| <input type="text"/> | <input type="text"/>     | <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"/> |

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

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

|           |                                |      |         |              |
|-----------|--------------------------------|------|---------|--------------|
| <b>BM</b> | Other HH member's contribution |      |         |              |
| <b>IM</b> |                                | FOOD | SHELTER | FOOD/SHELTER |
| <b>SM</b> | 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

|                             |                                 |                             |
|-----------------------------|---------------------------------|-----------------------------|
| <b>SM FLA Determination</b> | <b>SM FLA ISM Determination</b> | <b>SM OSS Determination</b> |
|                             |                                 |                             |

**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             | <b>SI's Name Propagates Here</b> |    |    |  |                               |                        |    |    |    |                 |  |
| MI-1           | <b>ALLEGED</b>                   |    |    |  |                               | <b>VERIFIED</b>        |    |    |    |                 |  |
| MI-2           |                                  |    |    |  |                               | Type of Business       |    |    |    |                 |  |
| IC-1           |                                  |    |    |  |                               | Gross income last year |    |    |    |                 |  |
| IC-2           |                                  |    |    |  |                               | Net income last year   |    |    |    |                 |  |
| IC-3           |                                  |    |    |  |                               | 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               |    |    |    |                 |  |
|                |                                  |    |    |  |                               |                        |    |    |    |                 |  |
| <b>ALLEGED</b> |                                  |    |    |  | <b>Deductions/ Exclusions</b> |                        |    |    |    | <b>VERIFIED</b> |  |
|                |                                  |    |    |  | ▼                             | 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

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

|      |   |    |    |                               |    |                 |    |
|------|---|----|----|-------------------------------|----|-----------------|----|
| SI   | <b>MI-1's Name Propagates Here</b>              |    |    |                               |    |                 |    |
| MI-1 | <b>ALLEGED</b>                                  |    |    | <b>VERIFIED</b>               |    |                 |    |
| 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                      |    |                 |    |
|      | <b>ALLEGED</b>                                  |    |    | <b>Deductions/ Exclusions</b> |    | <b>VERIFIED</b> |    |
|      |   |    |    | 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

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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 |                              |    |    |  |  | 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          |                        |    |    |          |  |   |
| IC-5 |                              |    |    |  |  | 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

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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

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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

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# 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

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# 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

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STUDENT STATUS

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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

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

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NEXT

# WAGES

## ELEMENT 8

|      |  |                              |  |    |    |
|------|--|------------------------------|--|----|----|
| SI   |  | OTHER                        |  |    |    |
| MI-1 | <b>ALLEGED Employer 2 VERIFIED</b>             |                              |  |    |    |
| 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                     |  |    |    |
|      | <b>ALLEGED Deductions/ Exclusions VERIFIED</b> |                              |  |    |    |
|      |  | 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

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# 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                                    |    |    |    |
| Deductions/ Exclusions                         |    |    |    |
| Cafeteria Plan                                 |    |    |    |
| Student Earned Income                          |    |    |    |
| IRWE   |    |    |    |
| BWE  |    |    |    |
| Court-Ordered Payments                         |    |    |    |
| PASS   |    |    |    |
| OTHER  |    |    |    |

Total Gross Wages

SI

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

Total Gross Wages

MI-1

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

Total Gross Wages

MI-2

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

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Student Status

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NEXT

# WAGES

## ELEMENT 8

|      |                                    |   |  |    |                 |
|------|------------------------------------|---|--|----|-----------------|
| SI   | <b>MI-1's Name Propagates Here</b> |   |  |    |                 |
| MI-1 | <b>ALLEGED</b>                     |   | <b>Employer 1</b>  |    | <b>VERIFIED</b> |
| 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  |  |    |                 |
|      | <b>ALLEGED</b>                     |   | <b>Deductions/ Exclusions</b>                                    |    | <b>VERIFIED</b> |
|      |                                    | <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

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NEXT

# WAGES

## ELEMENT 8

|      |  |                              |  |    |    |
|------|--|------------------------------|--|----|----|
| SI   |  | OTHER                        |  |    |    |
| MI-1 | <b>ALLEGED Employer 2 VERIFIED</b>             |                              |  |    |    |
| 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                     |  |    |    |
|      | <b>ALLEGED Deductions/ Exclusions VERIFIED</b> |                              |  |    |    |
|      |  | 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

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# 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**

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**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

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# WAGES

## ELEMENT 8

|      |                |                              |  |                 |    |
|------|----------------|------------------------------|--|-----------------|----|
| SI   |                | OTHER                        |  |                 |    |
| MI-1 | <b>ALLEGED</b> |                              | <b>Employer 2</b>  | <b>VERIFIED</b> |    |
| 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                     |  |                 |    |
|      | <b>ALLEGED</b> |                              | <b>Deductions/ Exclusions</b>                                    | <b>VERIFIED</b> |    |
|      |                | 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

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# 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**

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# 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       | 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

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# 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                  |          |

Was the IC 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                                    |    |    |    |
| 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

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# 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       |
|      |   |  | 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

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# 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                  |          |

Was the IC 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                                    |    |    |    |
| 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

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Student Status

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# 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? |                              |                        |                              |  |          |

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

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# 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"/>   | <b>Additional</b> | <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

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Student Status

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# 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       |
|  |                              |                        | 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

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# 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 | <b>Verified Wage Details for Additional Employers</b> |                        |                           |    |    |
| IC-5 |   |                        | SM                        | IM | BM |
|      | Gross Wages   |                        |                           |    |    |
|      | <b>Deductions/ Exclusions</b>                         |                        |                           |    |    |
|      | 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

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# 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       |
|      |   |  | 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

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# 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                  |          |

Was the IC 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            |    |    |    |
| 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

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# 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 |                           | Dates of Attendance        |    |
| IC-5 |                           | Evidence                   |    |
|      |                           | Student exclusion applies? |    |
|      |                           | SM                         | IM |
|      |                           | BM                         |    |

List of ICs  
by Name

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# 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? |          |
|      |                             |                            |          |



# STUDENT INFORMATION

## SYSTEMS DATA

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

## My SSR / MSSICS Notes

|      |                                    |                            |  |                 |    |    |
|------|------------------------------------|----------------------------|--|-----------------|----|----|
| SI   | <b>MI-2's Name Propagates Here</b> |                            |  |                 |    |    |
| MI-1 | <b>ALLEGED</b>                     |                            |  | <b>VERIFIED</b> |    |    |
| 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   | <b>IC(1)'s Name Propagates Here</b> |                             |   |                     |    |    |
| MI-1 | <b>ALLEGED</b>                      |                             |   | <b>VERIFIED</b>     |    |    |
| 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

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# 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="To"/> <input type="text"/> | To <input type="text"/> <input type="button" value="To"/> <input type="text"/>  |                      |                      |                      |                      |                      |                      |
|                      | Evidence   | <input type="text"/>  |                      |                      |                      |                      |                      |                      |
|                      | 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   | <b>IC(3)'s Name Propagates Here</b> |    |  |                            |    |    |
| MI-1 | <b>ALLEGED</b>                      |    |  | <b>VERIFIED</b>            |    |    |
| 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<br>To <input type="text"/> To <input type="text"/> | Dates of Attendance<br>To <input type="text"/> To <input type="text"/>  |                      |                      |                      |                      |                      |                      |
|                      | Evidence   | <input type="text"/>  |                      |                      |                      |                      |                      |                      |
|                      | 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   | <b>IC(5)'s Name Propagates Here</b> |                             |   |                     |    |    |
| MI-1 | <b>ALLEGED</b>                      |                             |   | <b>VERIFIED</b>     |    |    |
| 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

# 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

MAIN MENU

PREVIOUS

List of ICs by Name

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# 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

NO to ALL   
  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

|                        |    |   |   |   |   |   |   |   |   |   |   |
|------------------------|----|---|---|---|---|---|---|---|---|---|---|
| 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 |                           | 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

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NEXT

# UNEARNED INCOME

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

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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                      |  |
|      |  | <b>Deductions/ Exclusions</b> | <b>VERIFIED</b>  |
|      |  |                               |  |

  

|                            |  |                   |  |                            |
|----------------------------|--|-------------------|--|----------------------------|
| Total Number of UM Sources |  | <b>Additional</b> |  | 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

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# 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

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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                      |  |
|      |  | <b>Deductions/ Exclusions</b> | VERIFIED   |
|      |  |                               |  |
|      |  | <b>Unearned Income 3</b>      | 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

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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                      |  |
|      |  | <b>Deductions/ Exclusions</b> | <b>VERIFIED</b>  |
|      |  |                               |  |

  

|                            |  |                   |  |                            |
|----------------------------|--|-------------------|--|----------------------------|
| Total Number of UM Sources |  | <b>Additional</b> |  | 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               |  |          |    |
|      |                            |                            | SM   | IM       | 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

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# 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                           |  |
| IC-4 |  |  | SM    IM    BM   |
| IC-5 |  | Gross UM Amounts                       |  |
|      |  | Evidence                               |  |
|      |  | <b>Deductions/ Exclusions</b> VERIFIED |  |
|      |  |  |  |
|      |  | <b>Unearned Income 3</b> 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

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# UNEARNED INCOME

ELEMENT 9

|      |  |                               |  |
|------|--|-------------------------------|--|
| 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                      |  |
|      |  | <b>Deductions/ Exclusions</b> | <b>VERIFIED</b>  |
|      |  |                               |  |

  

|                            |  |                   |  |                            |
|----------------------------|--|-------------------|--|----------------------------|
| Total Number of UM Sources |  | <b>Additional</b> |  | 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

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NEXT

# UNEARNED INCOME

|      |                              |                            |  |          |
|------|------------------------------|----------------------------|--|----------|
| 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

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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                        |  |    |    |    |
|  |    | <b>Deductions/ Exclusions</b>   | <b>VERIFIED</b>  |    |    |    |
|  |    |                                 |  |    |    |    |
| Total Number of UM Sources <input type="text"/>    |    | Additional <input type="text"/> | Total Number of UM Sources <input type="text"/>                            |    |    |    |
| <b>Verified Additional Unearned Income Details</b> |    |                                 |  |    |    |    |
|  |    | 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               |    |  |    |
|      |                              |                            | 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

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ADD  
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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

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# 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                 | Source                       |                        |  |                      |                      |                      |
| IC-2                 | Source Contact Information   |                        |  |                      |                      |                      |
| 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"/>   |                      |                      |                      |
|                      | Source                       |                        |  |                      |                      |                      |

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

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ADD REMARKS

View Summary

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# 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

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# UNEARNED INCOME

|      |                              |                            |   |
|------|------------------------------|----------------------------|---|
| SI   | IC(4)'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               |   |
|      | <input type="text"/>         |                            | <input type="text"/> SM <input type="text"/> IM <input type="text"/> BM |
|      | <input type="text"/>         | Gross UM Amounts           | <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

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# 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                      |  |
|  |    | <b>Deductions/ Exclusions</b> | <b>VERIFIED</b>  |
|  |    |                               |  |
| Total Number of UM Sources                         |    | <b>Additional</b>             | Total Number of UM Sources                                       |
| <b>Verified Additional Unearned Income Details</b> |    |                               |  |
|  | 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

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# 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

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# 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                  | SM   | IM              | BM |
| IC-3   |  | Gross UM Amounts              |  |                 |    |
| IC-4   |  | Evidence                      |  |                 |    |
| IC-5   |  | <b>Deductions/ Exclusions</b> |  | <b>VERIFIED</b> |    |
| Total Number of UM Sources                         |  | Additional                    | Total Number of UM Sources                                       |                 |    |
| <b>Verified Additional Unearned Income Details</b> |  |                               |  |                 |    |
|  |  | 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

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# 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

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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 |

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Transfer of Resources

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# 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  |
|      | 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 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  |
|      |         | 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                                       | SM              | IM | BM |
|      |                 |    |  |                 |    |    |
|      |                 |    | Account balance                          |                 |    |    |
|      |                 |    | 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 |

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Transfer of Resources

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# 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

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# 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  |  |

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 |

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Transfer of Resources

ADD REMARKS

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# 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 |

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Transfer of Resources

ADD REMARKS

VIEW SUMMARY

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# 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 |

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Transfer of Resources

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# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

|                 |         |  |                                   |                 |          |    |
|-----------------|---------|--|-----------------------------------|-----------------|----------|----|
| SI              | ALLEGED |  | Account 4                         |                 | 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  |
| 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 |

# 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 |

BACK

Transfer of Resources

ADD REMARKS

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# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

|      |                                    |    |  |  |                      |    |
|------|------------------------------------|----|--|--|----------------------|----|
| SI   | <b>MI-2's Name Propagates Here</b> |    |  |  |                      |    |
| MI-1 | <b>ALLEGED</b>                     |    | <b>Account 1</b>                         |  | <b>VERIFIED</b>      |    |
| MI-2 | <input type="text"/>               |    | Account type <input type="text"/>        |  | <input type="text"/> |    |
|      | <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                                       |  |                      |    |
|      | <input type="text"/>               |    | Account balance                          |  | SM                   | IM |
|      | <input type="text"/>               |    | Evidence                                 |  | <input type="text"/> |    |
|      | <input type="text"/>               |    | ID'd via "geo search"?                   |  | <input type="text"/> |    |
|      | <input type="text"/>               |    | Excluded for burial                      |  | SM                   | IM |
|      | <input type="text"/>               |    | Other exclusion                          |  | SM                   | IM |
|      | <input type="text"/>               |    | Countable amount                         |  | 0                    | 0  |
|      | <input type="text"/>               |    | Countable amount                         |  | 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 |

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Transfer of Resources

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NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI   | ALLEGED              | Account 2                                | 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                   |
|      | <input type="text"/> | Account balance                          | SM                   |
|      | <input type="text"/> | Evidence                                 | IM                   |
|      | <input type="text"/> | ID'd via "geo search"?                   | BM                   |
|      | <input type="text"/> | Excluded for burial                      | <input type="text"/> |
|      | <input type="text"/> | Other exclusion                          | <input type="text"/> |
|      | <input type="text"/> | 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 |

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Transfer of Resources

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# 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 |

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Transfer of Resources

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# 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      |                      |                      | Additional                               |  |  | 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 |  | 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 |



# 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 Svg 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                    |    |                  |    |    |          |  |
| 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 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

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

**Total Oth. Liquid Resources**

**SI**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-1**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-2**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**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

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

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"/>            |   |
|   |                                      | Bond Serial Number <input type="text"/>      |   |
|   |                                      | Issue Date <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"/>                                  |
|   |                                      | Evidence <input type="text"/>                |   |
|   | <input type="text"/>                 | Excluded for Burial <input type="text"/>     | <input type="text"/>                                  |
|   |                                      | Other Exclusion <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 <input type="text"/>                      | IM <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"/> |

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;"> <span style="color: red;">Excluded for Burial</span> </div> |  |  |  |          |    |    |
|                           |    |    | <div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>     |  |  |  |          |    |    |
|                           |    |    | Countable Amount   |  |  |  |          |    |    |

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

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

Total Oth. Liquid Resources

MI-1

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

Total Oth. Liquid Resources

MI-2

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

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  |    |    | 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;"> <span style="color: red;">Excluded for Burial</span> </div> |    |    |  |  |    |    |
|  |    |    | <div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>     |    |    |  |  |    |    |
|  |    |    | Countable Amount   |    |    |  |  |    |    |
| <div style="border: 1px solid black; padding: 5px;">                     Total Number of Mutual Funds                 </div> |    |    | Additional   |    |    |  | <div style="border: 1px solid black; padding: 5px;">                     Total Number of Mutual Funds                 </div> |    |    |
| Additional Mutual Funds  |    |    |  |    |    |  |  |    |    |
|  |    |    | SM   | IM | BM |  |  |    |    |
| <div style="border: 1px solid black; padding: 5px;">                     Countable Value                 </div>              |    |    |  |    |    |  |  |    |    |

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

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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**

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**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

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

**Total Oth. Liquid Resources**

**SI**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-1**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-2**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

# 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

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

|                                    |    |    |    |
|------------------------------------|----|----|----|
| <b>Additional Retirement Funds</b> |    |    |    |
|                                    | 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 |  |

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**ADD REMARKS**

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**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 |          |    |    |
|                           | Other Exclusion                              |          |    |    |
|                           | Countable Amount                             |          |    |    |
| ALLEGED                   | Policy 2                                     | VERIFIED |    |    |
|                           | Insurance Company                            |          |    |    |
|                           |  | SM       | IM | BM |
|                           | Policy Number                                |          |    |    |
|                           | Dividend Accumulations                       |          |    |    |
|                           | <input type="checkbox"/> Excluded for Burial |          |    |    |
|                           | Other Exclusion                              |          |    |    |
|                           | Countable Amount                             |          |    |    |
| ALLEGED                   | Policy 3                                     | VERIFIED |    |    |
|                           | Insurance Company                            |          |    |    |

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

| 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 |  |

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# 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 |  |

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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                  | ▼        |
|         | 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 |  |

# 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"/>                 | 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"/>                 | 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           | <input type="text"/> | Total Number of US Savings Bonds | <input type="text"/> |
| <b>Additional U.S. Savings Bonds</b> |                         |                      |                      |                                  |                      |
| <input type="text"/>                 | SM                      | IM                   | BM                   | <input type="text"/>             |                      |
| 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

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# 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

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

|                                  |  |                   |  |                                  |
|----------------------------------|--|-------------------|--|----------------------------------|
| Total Number of Promissory Notes |  | <b>Additional</b> |  | Total Number of Promissory Notes |
|----------------------------------|--|-------------------|--|----------------------------------|

|                                    |    |    |    |
|------------------------------------|----|----|----|
| <b>Additional Promissory Notes</b> |    |    |    |
|                                    | 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 |  |

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# 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 |  |

# 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 |    |
| <b>Additional Stocks</b> |  |            |    |                        |    |
| Countable Value          |  |            | SM | IM                     | BM |
|                          |  |            |    |                        |    |

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                     |    |    | 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 

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# 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 |    | <input type="text"/> | Additional           | <input type="text"/> | Total Number of Bonds |                      |
| Additional Bonds      |    |                      |                      |                      |                       |                      |
|                       |    |                      | Countable Value      | SM                   | IM                    | BM                   |
|                       |    |                      | <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**

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**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  |  |    |    |
|  |    |            | <input type="checkbox"/> <b>Excluded for Burial</b> |  |    |    |
|  |    |            | <input type="checkbox"/> <b>Other Exclusion</b>     |  |    |    |
|  |    |            | 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"/> |    |    |
| <b>Additional Mutual Funds</b>   |    |            |   |  |    |    |
|  |    |            | 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-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 |  |

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# 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

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

**Total Oth. Liquid Resources**

**SI**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-1**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

**Total Oth. Liquid Resources**

**MI-2**

|           |  |
|-----------|--|
| <b>SM</b> |  |
| <b>IM</b> |  |
| <b>BM</b> |  |

# 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       |
|         | 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 |  |

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# 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                            |          |    |

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# 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 |                   |    |    |
| <input type="checkbox"/>                               | Excluded for Burial    |                   |    |    |
|  | Other Exclusion        |                   |    |    |
|  | Countable Amount       |                   |    |    |
| <b>ALLEGED</b>   | <b>Policy 4</b>        | <b>VERIFIED</b>   |    |    |
|  | 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       |                        | <b>Additional</b> |    |    |
| <b>Additional Policies with Dividend Accumulations</b> |                        |                   |    |    |
|  |                        | SM                | IM | BM |
| Countable Value  |                        |                   |    |    |

**BACK**

**Transfer of Resources**

**ADD REMARKS**

**VIEW SUMMARY**

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# 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 |  |

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ADD REMARKS

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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 |  |

# 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                      |
| 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

|                |    |                            |                 |    |    |
|----------------|----|----------------------------|-----------------|----|----|
|                |    | <b>Excluded for Burial</b> |                 |    |    |
|                |    | <b>Other Exclusion</b>     |                 |    |    |
|                |    | <b>Countable Amount</b>    |                 |    |    |
| <b>ALLEGED</b> |    | <b>U.S. Sav. Bond 4</b>    | <b>VERIFIED</b> |    |    |
|                |    | Series                     |                 |    |    |
|                |    | Denomination               |                 |    |    |
|                |    | Bond Serial Number         |                 |    |    |
|                |    | Issue Date                 |                 |    |    |
|                |    | Ownership                  |                 |    |    |
|                |    | Type (Paper/Electronic)    |                 |    |    |
|                |    | Access to Bond             |                 |    |    |
| SM             | IM | BM                         | SM              | IM | BM |
|                |    |                            |                 |    |    |
|                |    | Bond Value                 |                 |    |    |
|                |    | Evidence                   |                 |    |    |
|                |    | <b>Excluded for Burial</b> |                 |    |    |
|                |    | <b>Other Exclusion</b>     |                 |    |    |
|                |    | <b>Countable Amount</b>    |                 |    |    |
| <b>ALLEGED</b> |    | <b>U.S. Sav. Bond 5</b>    | <b>VERIFIED</b> |    |    |
|                |    | 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   |  |  |  |          |    |    |
|                             |    |    | <div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div> |  |  |  |          |    |    |
|                             |    |    | <div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>     |  |  |  |          |    |    |
|                             |    |    | Countable Amount   |  |  |  |          |    |    |

|  |                   |   |                                  |
|--|-------------------|---|----------------------------------|
| Total Number of Promissory Notes <input style="width: 50px;" type="text"/> | <b>Additional</b> | <input style="width: 50px;" type="text"/> | 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**

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**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 |  |

# 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                     | 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    | <b>MI-2's Name Propagates Here</b> |                      |                      |            |                      |                      |
| US Svg Bonds     | <b>ALLEGED</b>                     |                      | <b>Bond 1</b>        |            | <b>VERIFIED</b>      |                      |
| Promissory Notes | <input type="text"/>               |                      | Bond Name            |            | <input type="text"/> |                      |
| Stocks           | <input type="text"/>               |                      | Type of Bond         |            | <input type="text"/> |                      |
| Bonds            | <input type="text"/>               |                      | Number of Bonds      |            | <input type="text"/> |                      |
| Mutual Funds     | <input type="text"/>               |                      | Purchase Date        |            | <input type="text"/> |                      |
| Trusts           | <input type="text"/>               |                      | Ownership            |            | <input type="text"/> |                      |
| Ret. Funds       | <input type="text"/>               |                      | Brokerage Firm       |            | <input type="text"/> |                      |
| LIP Div. Accum.  | SM                                 | IM                   | BM                   |            |                      | SM                   |
| Cash On Hand     | <input type="text"/>               | <input type="text"/> | <input type="text"/> | Bond Value |                      | <input type="text"/> |
|                  |                                    |                      | Evidence             |            | <input type="text"/> |                      |
|                  | <input type="text"/>               |                      | Excluded for Burial  |            | <input type="text"/> | <input type="text"/> |
|                  |                                    |                      | Other Exclusion      |            | <input type="text"/> | <input type="text"/> |
|                  |                                    |                      | Countable Amount     |            | <input type="text"/> | <input type="text"/> |
|                  | <b>ALLEGED</b>                     |                      | <b>Bond 2</b>        |            | <b>VERIFIED</b>      |                      |
|                  | <input type="text"/>               |                      | Bond Name            |            | <input type="text"/> |                      |
|                  | <input type="text"/>               |                      | Type of Bond         |            | <input type="text"/> |                      |
|                  | <input type="text"/>               |                      | Number of Bonds      |            | <input type="text"/> |                      |
|                  | <input type="text"/>               |                      | Purchase Date        |            | <input type="text"/> |                      |
|                  | <input type="text"/>               |                      | Ownership            |            | <input 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

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# 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

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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   |    |    | 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 <input type="text"/> |    |    | Additional                                   |                      |                      |  | Total Number of Mutual Funds <input type="text"/> |    |    |
| Additional Mutual Funds                           |    |    |  |                      |                      |  |   |    |    |
|   |    |    | SM   | IM                   | BM                   |  |   |    |    |
| Countable Value                                   |    |    | <input type="text"/>                         | <input type="text"/> | <input 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 |  |

# 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                 |   |  |  |
|  | 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

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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?

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

  

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

  

|                          |                      |                      |                      |
|--------------------------|----------------------|----------------------|----------------------|
| <b>Additional Trusts</b> |                      |                      |                      |
|                          | SM                   | IM                   | BM                   |
| <b>Countable Value</b>   | <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         |          | 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 |  |

**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 |  |    |    |
|  | Excluded for Burial    |  |    |    |
|  | Other Exclusion        |  |    |    |
|  | Countable Amount       |  |    |    |
| <b>ALLEGED</b>   | <b>Policy 4</b>        | <b>VERIFIED</b>                                  |    |    |
|  | Insurance Company      |  |    |    |
|  |                        | SM   | IM | BM |
|  | Policy Number          |  |    |    |
|  | Dividend Accumulations |  |    |    |
|  | Excluded for Burial    |  |    |    |
|  | Other Exclusion        |  |    |    |
|  | Countable Amount       |  |    |    |
| Total Number of Policies with Div. Accumulations       | Additional             | Total Number of Policies with Div. Accumulations |    |    |
| <b>Additional Policies with Dividend Accumulations</b> |                        |  |    |    |
|  |                        | 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        |          |    |    |
| ▼                           | 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

**Additional**

Total Number of Non-Home Properties

**Additional Non-Home Properties**

|                  |    |    |    |
|------------------|----|----|----|
|                  | SM | IM | BM |
| Countable Amount |    |    |    |

**BACK**

**ADD REMARKS**

**NEXT**

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 | <b>Encumbrances</b> | 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="checkbox"/> |                          |                          | Type of Property      | <input type="checkbox"/> |                      |                      |
| <input type="checkbox"/> |                          |                          | Type of Ownership     | <input type="checkbox"/> |                      |                      |
| <input type="checkbox"/> |                          |                          | Evidence of Ownership | <input type="checkbox"/> |                      |                      |
| <input type="text"/>     |                          |                          | Duration of Ownership | <input type="text"/>     |                      |                      |
| <input type="checkbox"/> |                          |                          | Income Producing      | <input type="checkbox"/> |                      |                      |
| SM                       | IM                       | BM                       |                       | SM                       | IM                   | BM                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CMV                   | <input type="text"/>     | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> |                          |                          | Evidence of CMV       | <input type="checkbox"/> |                      |                      |

**ALLEGED Encumbrances VERIFIED**

|                          |  |  |                         |                          |                          |                          |
|--------------------------|--|--|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |  |  | Does one or more exist? | <input type="checkbox"/> |                          |                          |
| <input type="checkbox"/> |  |  | Evidence                | <input type="checkbox"/> |                          |                          |
| <input type="checkbox"/> |  |  |                         | SM                       | IM                       | BM                       |
| <input type="checkbox"/> |  |  | Amount                  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |
| <input type="checkbox"/> |  |  | Equity Value            | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |
| <input type="checkbox"/> |  |  | Ownership %             | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |
| <input type="checkbox"/> |  |  | Excluded?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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  **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               |                           |           |
|------------------------------|---------------------------|-----------|
|                              |                           |           |
|                              |                           |           |
| <b>Jurisdiction Searched</b> | <b>County/Parish/City</b> | <b>ST</b> |
|                              |                           |           |
| <b>Alpha Listing</b>         |                           |           |
| <b>Contact Method</b>        |                           |           |
| <b>Name of Contact</b>       |                           |           |
| <b>Title of Contact</b>      |                           |           |
| <b>Date of Contact</b>       |                           |           |
| <b>Contact Information</b>   |                           |           |

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?

Override

MAIN 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**

|                      |                       |                      |
|----------------------|-----------------------|----------------------|
| <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   | Amount                  |    |         |          |
| MI-1 | Countable CMV           |    |         |          |
| MI-2 | <b>Vehicle 2</b>        |    | 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    |    |         |          |
|      | <b>Encumbrances</b>     |    | 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

|                      |                       |                      |
|----------------------|-----------------------|----------------------|
| <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

**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   | Amount                  |    |         |          |
| MI-1 | Countable CMV           |    |         |          |
| MI-2 | <b>Vehicle 2</b>        |    | 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    |    |         |          |
|      | <b>Encumbrances</b>     |    | 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 |  |

BACK

ADD REMARKS

Transfer of Resources

NEXT

|      |               |    |    |    |
|------|---------------|----|----|----|
| SI   |               | SM | IM | BM |
| MI-1 | Amount        |    |    |    |
| MI-2 | 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"/> |
|----------------------|-------------------------|----------------------|



|                            |  |                         |                          |
|----------------------------|--|-------------------------|--------------------------|
| SI                         |  | Condition               |                          |
| MI-1                       |  | Mileage                 |                          |
| MI-2                       |  | Duration of Ownership   |                          |
|                            |  | Evidence                |                          |
|                            |  | SM                      | IM                       |
|                            |  | BM                      |                          |
|                            |  | CMV                     |                          |
|                            |  | Evidence of CMV         |                          |
|                            |  | Excluded?               |                          |
|                            |  | Reason for Exclusion    |                          |
| <b>ALLEGED</b>             |  | <b>Encumbrances</b>     | <b>VERIFIED</b>          |
|                            |  | Does one or more exist? |                          |
|                            |  | Evidence                |                          |
|                            |  | SM                      | IM                       |
|                            |  | BM                      |                          |
|                            |  | Amount                  |                          |
|                            |  | Countable CMV           |                          |
| Total Number of Vehicles   |  | <b>Additional</b>       | Total Number of Vehicles |
| <b>Additional Vehicles</b> |  |                         |                          |
|                            |  | SM                      | IM                       |
|                            |  | BM                      |                          |
| 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 |  |

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**

|  |                       |          |
|--|-----------------------|----------|
|  | 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 | <b>Vehicle 2</b>        |    | 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    |    |         |          |
|      | <b>Encumbrances</b>     |    | 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 |  |

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                         |  | Condition               |                          |
| MI-1                       |  | Mileage                 |                          |
| MI-2                       |  | Duration of Ownership   |                          |
|                            |  | Evidence                |                          |
|                            |  |                         | SM IM BM                 |
|                            |  | CMV                     |                          |
|                            |  | Evidence of CMV         |                          |
|                            |  | Excluded?               |                          |
|                            |  | Reason for Exclusion    |                          |
| <b>ALLEGED</b>             |  | <b>Encumbrances</b>     | <b>VERIFIED</b>          |
|                            |  | Does one or more exist? |                          |
|                            |  | Evidence                |                          |
|                            |  |                         | SM IM BM                 |
|                            |  | Amount                  |                          |
|                            |  | Countable CMV           |                          |
| Total Number of Vehicles   |  | <b>Additional</b>       | Total Number of Vehicles |
| <b>Additional Vehicles</b> |  |                         |                          |
|                            |  |                         | SM IM BM                 |
|                            |  | 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 |  |

# 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    |
|-------------|-----------|-------------|
| <b>SI</b>   |           | <b>SI</b>   |
|             | <b>SM</b> |             |
|             | <b>IM</b> |             |
|             | <b>BM</b> |             |
| Total CSV   |           | Total FV    |
| <b>MI-1</b> |           | <b>MI-1</b> |
|             | <b>SM</b> |             |
|             | <b>IM</b> |             |
|             | <b>BM</b> |             |
| Total CSV   |           | Total FV    |
| <b>MI-2</b> |           | <b>MI-2</b> |
|             | <b>SM</b> |             |
|             | <b>IM</b> |             |
|             | <b>BM</b> |             |

BACK

ADD  
REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

|      |  |  |  |   |  |  |  |
|------|--|--|--|---|--|--|--|
| SI   |  |  |  | Other Excluded Amounts                      |  |  |  |
| MI-1 |  |  |  | Countable CSV                               |  |  |  |
| MI-2 |  |  |  | Does policy produce Dividend Accumulations? |  |  |  |

## 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 |
|----|----|----|----|----|----|

| Total CSV   | Total FV    |
|-------------|-------------|
| <b>SI</b>   | <b>SI</b>   |
|             | SM          |
|             | IM          |
|             | BM          |
| Total CSV   | Total FV    |
| <b>MI-1</b> | <b>MI-1</b> |
|             | SM          |
|             | IM          |
|             | BM          |
| Total CSV   | Total FV    |
| <b>MI-2</b> | <b>MI-2</b> |
|             | 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   | <b>MI-1's Policy # 1</b>                |    |    | <b>MI-1's Policy # 2</b> |    |    |
| 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    |  |
| <b>SI</b>   |    | <b>SI</b>   |  |
|             | SM |             |  |
|             | IM |             |  |
|             | BM |             |  |
| Total CSV   |    | Total FV    |  |
| <b>MI-1</b> |    | <b>MI-1</b> |  |
|             | SM |             |  |
|             | IM |             |  |
|             | BM |             |  |
| Total CSV   |    | Total FV    |  |
| <b>MI-2</b> |    | <b>MI-2</b> |  |
|             | 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? |  |  |  |

  

| MI-1's Policy # 3 |   | MI-1'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 |
|----|----|----|----|----|----|

| 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: |    |    |   | 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   | <b>MI-2's Policy # 1</b>                |    |    | <b>MI-2's Policy # 2</b> |    |    |
| 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                  |    |    |                          |    |    |

|                  |           |                 |           |
|------------------|-----------|-----------------|-----------|
| <b>Total CSV</b> |           | <b>Total FV</b> |           |
| <b>SI</b>        | <b>SM</b> | <b>SI</b>       | <b>SM</b> |
|                  | <b>IM</b> |                 | <b>IM</b> |
|                  | <b>BM</b> |                 | <b>BM</b> |
| <b>Total CSV</b> |           | <b>Total FV</b> |           |
| <b>MI-1</b>      | <b>SM</b> | <b>MI-1</b>     | <b>SM</b> |
|                  | <b>IM</b> |                 | <b>IM</b> |
|                  | <b>BM</b> |                 | <b>BM</b> |
| <b>Total CSV</b> |           | <b>Total FV</b> |           |
| <b>MI-2</b>      | <b>SM</b> | <b>MI-2</b>     | <b>SM</b> |
|                  | <b>IM</b> |                 | <b>IM</b> |
|                  | <b>BM</b> |                 | <b>BM</b> |

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   | <b>SI's Name Propagates Here</b>      |    |    |                                     |  |  |                      |    |    |
| MI-1 | <b>ALLEGED</b>                        |    |    | <b>Resource 1</b>                   |  |  | <b>VERIFIED</b>      |    |    |
| MI-2 | <input type="text"/>                  |    |    | Type of Resource                    |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Evidence of Ownership               |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Duration of Ownership               |  |  | <input type="text"/> |    |    |
|      | SM                                    | IM | BM |                                     |  |  | SM                   | IM | BM |
|      | <input type="text"/>                  |    |    | CMV                                 |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Evidence of CMV                     |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Ownership %                         |  |  | <input type="text"/> |    |    |
|      | <b>ALLEGED</b>                        |    |    | <b>Encumbrances</b>                 |  |  | <b>VERIFIED</b>      |    |    |
|      | <input type="text"/>                  |    |    | Does one or more exist?             |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Evidence                            |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Amount                              |  |  | SM                   | IM | BM |
|      | <input type="text"/>                  |    |    | Excluded for Burial                 |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Other Exclusion                     |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Countable Amount                    |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Additional                          |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Total Number of Nonliquid Resources |  |  | <input type="text"/> |    |    |
|      | <input type="text"/>                  |    |    | Total Number of Nonliquid Resources |  |  | <input type="text"/> |    |    |
|      | <b>Additional Nonliquid Resources</b> |    |    |                                     |  |  |                      |    |    |

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   | <b>MI-1's Name Propagates Here</b> |                      |                      |  |  |  |  |                      |                      |                      |
| MI-1   | ALLEGED                            |                      |                      | Resource 1   |  |  |  | VERIFIED             |                      |                      |
| MI-2   | <input type="text"/>               |                      |                      | Type of Resource                                     |  |  |  | <input type="text"/> |                      |                      |
|  | <input type="text"/>               |                      |                      | Evidence of Ownership                                |  |  |  | <input type="text"/> |                      |                      |
|  | <input type="text"/>               |                      |                      | Duration of Ownership                                |  |  |  | <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"/> |                      |                      |
|  | <input type="text"/>               |                      |                      | Ownership %  |  |  |  | <input type="text"/> | <input type="text"/> | <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"/>               |                      |                      | <span style="color: red;">Excluded for Burial</span> |  |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | <input type="text"/>               |                      |                      | <span style="color: red;">Other Exclusion</span>     |  |  |  | <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 Nonliquid Resources <input type="text"/> |                                    |                      | Additional           |  |  |  | Total Number of Nonliquid Resources <input type="text"/> |                      |                      |                      |

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-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                            |    |    |              |    |    |                                     |  |    |    |    |
|      | 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 %           |                                     |    |    |
| <b>ALLEGED</b>                        |    | <b>Encumbrances</b> |                         |                       | <b>VERIFIED</b>                     |    |    |
|                                       |    |                     | Does one or more exist? |                       |                                     |    |    |
|                                       |    | Evidence            |                         |                       |                                     |    |    |
|                                       |    |                     | Amount                  |                       | SM                                  | IM | BM |
|                                       |    |                     | Excluded for Burial     |                       |                                     |    |    |
|                                       |    |                     | Other Exclusion         |                       |                                     |    |    |
|                                       |    |                     | Countable Amount        |                       |                                     |    |    |
| Total Number of Nonliquid Resources   |    |                     | <b>Additional</b>       |                       | Total Number of Nonliquid Resources |    |    |
| <b>Additional Nonliquid Resources</b> |    |                     |                         |                       |                                     |    |    |
|                                       |    |                     | Countable Amount        |                       | SM                                  | IM | BM |

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 %                         |                 |    |    |
| <b>ALLEGED</b>                      |    |    |    | <b>Encumbrances</b>                 | <b>VERIFIED</b> |    |    |
|                                     |    |    |    | Does one or more exist?             |                 |    |    |
|                                     |    |    |    | Evidence                            |                 |    |    |
|                                     |    |    |    | Amount                              | SM              | IM | BM |
|                                     |    |    |    | Excluded for Burial                 |                 |    |    |
|                                     |    |    |    | Other Exclusion                     |                 |    |    |
|                                     |    |    |    | Countable Amount                    |                 |    |    |
| Total Number of Nonliquid Resources |    |    |    | <b>Additional</b>                   |                 |    |    |
|                                     |    |    |    | 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="checkbox"/> |                          |
|                           |                                  | SM                       | IM                       |
|                           |                                  | BM                       |                          |
|                           | Total Value                      | <input type="text"/>     | <input type="text"/>     |
|                           | Exclusion Applies                | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | 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  |    |                                  |  |    |    |    |
| M11 |    | Asset Location                   |  |    |    |    |
| M12 |    | 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                | <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                          |   | VERIFIED |    |    |                          |                          |                          |  |
| ALLEGED                     | Type of Burial Asset             |   |          |    |    |                          |                          |                          |  |
|                             | Source Information               |   |          |    |    |                          |                          |                          |  |
|                             | Asset Location                   |   |          |    |    |                          |                          |                          |  |
|                             | Identifier                       |   |          |    |    |                          |                          |                          |  |
|                             | Owner Name                       |   |          |    |    |                          |                          |                          |  |
|                             | Designee                         |   |          |    |    |                          |                          |                          |  |
|                             | Date Asset Designated for Burial |   |          |    |    |                          |                          |                          |  |
|                             | Irrevocable                      | <input type="checkbox"/>  |          |    |    |                          |                          |                          |  |
|                             | Total Value                      | <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 style="height: 20px;"></td> <td></td> <td></td> </tr> </table>   | SM       | IM | BM |                          |                          |                          |  |
| SM                          | IM                               | BM  |          |    |    |                          |                          |                          |  |
|                             |                                  |   |          |    |    |                          |                          |                          |  |
|                             | 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 style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> </td> </tr> </table> | SM       | IM | BM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| SM                          | IM                               | BM  |          |    |    |                          |                          |                          |  |
| <input type="checkbox"/>    | <input type="checkbox"/>         | <input type="checkbox"/>  |          |    |    |                          |                          |                          |  |
|                             | Countable Value                  | <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 style="height: 20px;"></td> <td></td> <td></td> </tr> </table>   | SM       | IM | BM |                          |                          |                          |  |
| SM                          | IM                               | BM  |          |    |    |                          |                          |                          |  |
|                             |                                  |   |          |    |    |                          |                          |                          |  |
| ALLEGED                     | Asset 2                          |   | VERIFIED |    |    |                          |                          |                          |  |
| ALLEGED                     | Type of Burial Asset             |   |          |    |    |                          |                          |                          |  |
|                             | 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

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"/> | Description                    | <input type="text"/> |
| <input type="text"/> | Owner(s) Name                  | <input type="text"/> |
| <input type="text"/> | Date of Transfer               | <input type="text"/> |
| <input type="text"/> | Receiver's Contact Information | <input type="text"/> |
| <input type="text"/> | Type of Transfer               | <input type="text"/> |
| <input type="text"/> | Compensation Received          | <input type="text"/> |
| <input type="text"/> | FMV                            | <input type="text"/> |
| <input type="text"/> | Evidence                       | <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                          |            |  |                           |
| <br>   |            |  |                           |
| 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   | 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                          |                                |            |
|  |                                |            |
| 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                          |                                |            |
|  |                                |            |
| 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                          |            |                           |  |
| <br>   |            |                           |  |
| 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

# 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 |
|-------------------------|----|----|----|--------|
| <b>US SAVINGS BONDS</b> |    |    |    |        |
| SI                      |    |    |    |        |
| MI-1                    |    |    |    |        |
| MI-2                    |    |    |    |        |
| <b>PROMISSORY NOTES</b> |    |    |    |        |
| SI                      |    |    |    |        |
| MI-1                    |    |    |    |        |
| MI-2                    |    |    |    |        |
| <b>STOCKS</b>           |    |    |    |        |
| SI                      |    |    |    |        |
| MI-1                    |    |    |    |        |
| MI-2                    |    |    |    |        |

|                              | SM | IM | BM | Number |
|------------------------------|----|----|----|--------|
| <b>CHECKING</b>              |    |    |    |        |
| SI                           |    |    |    |        |
| MI-1                         |    |    |    |        |
| MI-2                         |    |    |    |        |
| <b>SAVINGS</b>               |    |    |    |        |
|                              | SM | IM | BM | Number |
| <b>FINANCIAL INSTITUTION</b> |    |    |    |        |
| SI                           |    |    |    |        |
| MI-1                         |    |    |    |        |
| MI-2                         |    |    |    |        |
| <b>PATIENT ACCOUNTS</b>      |    |    |    |        |
| 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

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

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# SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

|                                       |             |  |  |
|---------------------------------------|-------------|--|--|
| Additional UM Exclusions/Deductions   |             |  |  |
|                                       | <b>MI-2</b> |  |  |
| 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           |             |  |  |
|                        | <b>MI-2</b> |  |  |
| Cafeteria Plan         |             |  |  |
| Student Earned Income  |             |  |  |
| IRWE                   |             |  |  |
| BWE                    |             |  |  |
| Court-Ordered Payments |             |  |  |
| PASS-Earned            |             |  |  |
| OTHER-Earned           |             |  |  |

**Earned Income Determination**

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# 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   |      |    |    |
| <b>IC-2</b>                           |      |    |    |
| Caption from UM Exclusions/Deductions |      |    |    |
| Caption from UM Exclusions/Deductions |      |    |    |
| Additional UM Exclusions/Deductions   |      |    |    |
| <b>IC-3</b>                           |      |    |    |

### Total Deductions/ Exclusion Amounts Earned Income

|                        | IC-1 |    |    |
|------------------------|------|----|----|
|                        | SM   | IM | BM |
| Cafeteria Plan         |      |    |    |
| Student Earned Income  |      |    |    |
| Court-Ordered Payments |      |    |    |
| OTHER Earned           |      |    |    |
| <b>IC-2</b>            |      |    |    |
| Cafeteria Plan         |      |    |    |
| Student Earned Income  |      |    |    |
| Court-Ordered Payments |      |    |    |
| OTHER Earned           |      |    |    |

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# SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | **IC INCOME**

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| Additional UM Exclusions/Deductions   |  |  |  |
| <b>IC-3</b>                           |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Additional UM Exclusions/Deductions   |  |  |  |
| <b>IC-4</b>                           |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Additional UM Exclusions/Deductions   |  |  |  |
| <b>IC-5</b>                           |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Caption from UM Exclusions/Deductions |  |  |  |
| Additional UM Excl/Dedct              |  |  |  |

|                        |  |  |  |
|------------------------|--|--|--|
| Student Earned Income  |  |  |  |
| Court-Ordered Payments |  |  |  |
| OTHER Earned           |  |  |  |
| <b>IC-3</b>            |  |  |  |
| Cafeteria Plan         |  |  |  |
| Student Earned Income  |  |  |  |
| Court-Ordered Payments |  |  |  |
| OTHER Earned           |  |  |  |
| <b>IC-4</b>            |  |  |  |
| Cafeteria Plan         |  |  |  |
| Student Earned Income  |  |  |  |
| Court-Ordered Payments |  |  |  |
| OTHER Earned           |  |  |  |
| <b>IC-5</b>            |  |  |  |
| Cafeteria Plan         |  |  |  |
| Student Earned Income  |  |  |  |
| Court-Ordered Payments |  |  |  |
| OTHER Earned           |  |  |  |

MAIN MENU

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# 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

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# 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" value=""/>                                  |
| SSN           | <input type="text" value=""/>                                  |
| Relationship  | <input type="text" value=""/> <input type="button" value="v"/> |
| Date of Death | <input type="text" value=""/>                                  |
| Evidence      | <input type="text" value=""/> <input type="button" value="v"/> |

|               |  |
|---------------|--|
| Name          | <input type="text" value=""/>                                  |
| SSN           | <input type="text" value=""/>                                  |
| Relationship  | <input type="text" value=""/> <input type="button" value="v"/> |
| Date of Death | <input type="text" value=""/>                                  |
| Evidence      | <input type="text" value=""/> <input type="button" value="v"/> |

**Determination**

**MAIN MENU**

**PREVIOUS**

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**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

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REMARKS COMPLETE

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# 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"/>        |

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**ADD REMARKS**

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# POTENTIAL ENTITLEMENT - OTHER BENEFITS

Status of claim for Military service benefits

| Branch of Service                | Service number | Period or length of service |
|----------------------------------|----------------|-----------------------------|
| <input type="button" value="v"/> |                |                             |
| <input type="button" value="v"/> |                |                             |
| <input type="button" value="v"/> |                |                             |

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="button" value="v"/> |                |                             |
| <input type="button" value="v"/> |                |                             |
| <input type="button" value="v"/> |                |                             |

Referral to FO

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# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Union Member    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    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 |
|-------------|--------------------------------|
|             |                                |

# 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

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# 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 |
|-------------|--------------------------------|
|             |                                |
|             |                                |

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# 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  SSN  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  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 |
|-------------|--------------------------------|
|             |                                |
|             |                                |

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# 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

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# 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

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

| Country(ies) | Period or length of employment |
|--------------|--------------------------------|
|              |                                |
|              |                                |
|              |                                |
|              |                                |
|              |                                |

**BACK**

**ADD REMARKS**

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# 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

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ADD REMARKS

Go to T II

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 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

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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

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ADD  
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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 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      | <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

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"/> |

BACK

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# 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

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# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  SI AGE

ES Date of Birth  ES AGE

## 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"/> |
|---------------|----------------------|-----|----------------------|

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# 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?

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NEXT

# POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth  SI AGE

ES Date of Birth  ES AGE

## 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 | <input type="text"/> | SSN | <input type="text"/> |
| Spouse's Name | <input type="text"/> | SSN | <input type="text"/> |

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.

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**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

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# 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

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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

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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

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**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

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# 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

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# 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

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# 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

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