

## New Redetermination – Applicant Information

MAPS - New Redetermination - Applicant Information - Internet Explorer

MAPS VALIDATION Monday, October 21, 2019 [redacted] MAPS Help PolicyNet SAAI

Applicant Name [redacted] Applicant SSN [redacted] Applicant SNO: No Special Notice Option Selected

**Subsidy Redetermination**

- ➔ Applicant Information
- Worksheet
- Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income
- Earned Income
- Application Summary
- Contact Information
- Third Party Info

**Applicant Information**

This MAPS redetermination/SCE is being taken via: - Select Appropriate -

**Applicant**

First [redacted] M.I. [redacted] Last [redacted] Suffix [redacted]

Applicant's Social Security Number [redacted]

Applicant's Date of Birth (MM/DD/YYYY) [redacted]

**Applicant's MBI**

If your marital status has changed and you have not reported the change to us, what is your marital status? If your marital status has not changed, please leave the question marked "Not Applicable"

Married  Divorced/Widowed/Separated/Annulled  Not Applicable


**Spouse**

First [redacted] M.I. [redacted] Last [redacted] Suffix [redacted]

Spouse's Social Security Number [redacted]

Spouse's Date of Birth (MM/DD/YYYY) [redacted]

Continue Quit



# New Redetermination – Subsidy Changing Event

MAPS - New Redetermination - Subsidy Change Event - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SASC**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy Redetermination**

- Applicant Information
- ➔ Subsidy Changing Event**
- Worksheet Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts
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- Earned Income
- Work Expenses for Disability
- Application Summary
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- Third Party Info

**Subsidy Change Event**

Event Type:


Date Of Report:

Event Date:

Who is reporting:

On Behalf of:

Description:



100%

# New Redetermination – Worksheet Screening and Stop Work Date


MAPS - New Redetermination - Worksheet Screening and Stop Work Date - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SAWS**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date**
- No. of Relatives
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**Worksheet Screening and Work Stop Date**

If you work and plan to stop working, enter month and year. Otherwise, click "Continue".

If YOU recently stopped working or plan to stop working, then enter the month and year that YOU stopped or plan to stop.

Month (MM):  Year (YYYY):

100%

# 1026 New Application – No. of Relatives & Help with Expenses

MAPS - New Application - No. of Relatives & Help With Expenses - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SARE**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy**  
**Redetermination**  
 Applicant Information  
 Subsidy Changing Event  
 Worksheet Screening & Stop Work Date  
➔ **No. of Relatives**  
 Savings & Accounts  
 Burial & Real Estate  
 Unearned Income  
 Earned Income  
 Work Expenses for Disability  
 Application Summary  
 Contact Information  
 Third Party Info


**No. of Relatives**

How many relatives live with you and depend on you for at least one-half of their financial support? A relative is someone related to you by blood, adoption, or marriage. Do not include yourself in the number you enter.

Previously reported number: 0

Yes, this number is correct  No, this number has changed  Not Yet Answered

If no, enter the value



100%

# 1026 New Application – Savings and Accounts


MAPS - New Application - Savings And Accounts - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SASA**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts**
- Burial & Real Estate
- Unearned Income
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**Savings and Accounts**

Do you own any of the following items, including items that you own with another person?  
Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.

**Bank Accounts (checking, savings and certificates of deposit)**

Previously reported amount \$200

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the value \$ [REDACTED]

**Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments**

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the value \$ [REDACTED]

**Any other cash at home or anywhere else**

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the value \$ [REDACTED]

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# 1026 New Application – Burial and Real Estate

MAPS - New Application - Insurance, Burial and Real Estate - Internet Explorer

MAPS VALIDATION Monday, October 21, 2019 [Redacted] MAPS Help • PolicyNet • CSR Query SAIR

Applicant Name: [Redacted] Applicant SSN: [Redacted] Applicant SNO: No Special Notice Option Selected  
Phone Number: [Redacted] Languages: English(S)-English(W)

**Subsidy**  
Redetermination  
 Applicant Information  
 Subsidy Changing Event  
 Worksheet Screening & Stop Work Date  
 No. of Relatives  
 Savings & Accounts  
 **Burial & Real Estate**  
 Unearned Income  
 Earned Income  
 Work Expenses for Disability  
 Application Summary  
 Contact Information  
 Third Party Info

**Burial and Real Estate**

Do you own any of the following items, including items that either of you own separately, jointly or with another person?

We need to know if you own any property other than the home and the property on which it is located.

Previously reported value of real estate \$0


Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter Real Estate Current Market Value \$

If no, enter Real Estate Amount Owed \$

Will some money from the sources listed in questions above be used to pay for funeral or burial expenses? If yes, skip to the next question. Otherwise, enter no.

Yes  No



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# 1026 New Application – Unearned Income

MAPS - New Application - Unearned Income - Internet Explorer


MAPS VALIDATION Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) SAUI

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income**
- Earned Income
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**Unearned Income**

Do you receive income from any of the following sources?

- If Yes, enter the TOTAL MONTHLY INCOME
- If the amount changes from month to month or you do not receive it every month, enter the AVERAGE MONTHLY INCOME for the past year for each type
- Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here.

**Railroad Retirement Benefits Before Deductions**

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the monthly amount \$ [REDACTED]

**Veterans Benefits Before Deductions**

Agency Reported Amount \$0

**Other Pensions or Annuities Before Deductions. Do Not include money from the accounts listed earlier.**

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the monthly amount \$ [REDACTED]

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

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, specify type of income

[REDACTED]

If no, enter the monthly amount \$ [REDACTED]

100%

# 1026 New Application – Earned Income

MAPS - New Application - Earned Income - Internet Explorer


MAPS VALIDATION Monday, October 21, 2019 [Redacted] MAPS Help • PolicyNet • CSR Query SAEI

Applicant Name: [Redacted] Applicant SSN: [Redacted] Applicant SNO: No Special Notice Option Selected  
Phone Number: [Redacted] Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
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- Earned Income**
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**Earned Income**

We need to know about annual earned income from work that you have ?

Previously Reported Amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, please enter the total annual amount BEFORE TAXES and deductions \$ [Redacted]

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

Previously reported amount \$0

Yes, this amount is correct  No, this amount has changed  Not Yet Answered

If no, enter the total annual amount BEFORE taxes \$ [Redacted]  Net Loss

100%



# 1026 New Application – Work Expenses for Disability

MAPS - New Application - Work Expenses for Disability & Work Stop Date - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SAWE**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income
- Earned Income
- Work Expenses for Disability**
- Application Summary
- Contact Information
- Third Party Info


**Work Expenses for Disability**

Do you have to pay for things that enable you to work (also known as disability or blind work expenses)? We will count only a part of your earnings toward the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses include:

- Cost of drugs and medical treatment for AIDS, cancer, depression or epilepsy
- Vehicle modifications, driver assistance or other special work-related transportation needs
- Wheelchair
- Personal attendant services
- Work-related assistive technology
- Guide dog expenses
- Sensory and Visual aids
- Braille translations

Yes  No  Not Yet Answered

IRWE/BWE Money Amount: \$



100%

# 1026 New Application – Application Summary

MAPS - New Application - Application Summary - Internet Explorer


**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SAAS**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
 Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
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Redetermination Information	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
<b>Marital Status</b>	Married Living Together	Single	
<b>Applicant's Name</b>	[REDACTED]		
<b>Applicant's SSN</b>	[REDACTED]		
<b>Spouse's Name</b>	[REDACTED]		
<b>Spouse's SSN</b>	[REDACTED]		
<b>Stop Work Date</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Stopped working or plan to stop working	Yes 11 2016	No	
<b>No. of Relatives</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Relatives who live with you and you provide at least one-half of their financial support	0	0	
<b>Savings and Accounts</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Bank Accounts	Yes 200	Yes 200	
Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments	No	No	
Other cash at home or anywhere else	Yes	No	
<b>Burial and Real Estate</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Money to be used for burial expenses	No	Yes	
Other real estate	No	No	
<b>Unearned Income</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Railroad Retirement Income	No	No	
Veterans Income	No	No	
Other Pension Income	No	No	
Other Unearned Income	No	No	
<b>Earned Income</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Wages this year before taxes	No	No	
Self-employment net earnings this year	No	No	
<b>Work Expenses for Disability</b>	Prior Application Data	Redetermination Data	<a href="#">Edit Data</a>
Work Expenses For Disability	No	No	

# 1026 New Application – Contact Information

MAPS - New Application - Contact Information - Internet Explorer


**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **SACI**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

- Applicant Information
- Subsidy Changing Event
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**Contact Information**

Your Phone Number ( [REDACTED] ) [REDACTED] - [REDACTED] Address Source: Master Beneficiary Record

Your Mailing Address

Street Address [REDACTED]

Apartment No. [REDACTED]

Address Line 3 [REDACTED]

Address Line 4 [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED] - [REDACTED]

(To change the address/phone number on the MBR, POS must be used)

If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.

Contact Person's Name

First [REDACTED] M.I. [REDACTED] Last [REDACTED] Suffix [REDACTED]

Contact Person's Phone Number ( [REDACTED] ) [REDACTED] - [REDACTED]


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# 1026 New Application – Third Party

MAPS - New Application - Third Party Info - Internet Explorer  
MAPS VALIDATION Monday, October 21, 2019 [redacted] MAPS Help • PolicyNet • CSR Query SATP

Applicant Name: [redacted] Applicant SSN: [redacted] Applicant SNO: No Special Notice Option Selected  
Phone Number: [redacted] Languages: English(S)-English(W)

**Subsidy**  
Redetermination  
 Applicant Information  
 Subsidy Changing Event  
 Worksheet Screening & Stop Work Date  
 No. of Relatives  
 Savings & Accounts  
 Burial & Real Estate  
 Unearned Income  
 Earned Income  
 Work Expenses for Disability  
 Application Summary  
 Contact Information  
➔ **Third Party Info**



**Third Party Information**

If you are assisting someone else, select the box that describes who you are and provide your daytime number and address.

Not Applicable  
 Family Member  
 Friend  
 Attorney  
 Agency  
 Advocate  
 Social Worker  
 Other Specify [redacted]

**Assisting Person Name**

First [redacted] M.I. [redacted] Last [redacted] Suffix [redacted]

Phone Number ( [redacted] ) [redacted] - [redacted]

**Assisting Person's Address**

Street Address [redacted]  
Apartment No. [redacted]  
Address Line 3 [redacted]  
Address Line 4 [redacted]  
City [redacted] State [redacted] Zip [redacted] - [redacted]

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# 1026 New Application – Penalty of Perjury


MAPS - New Application - Penalty of Perjury - Internet Explorer

**MAPS VALIDATION** Monday, October 21, 2019 [MAPS Help](#) [PolicyNet](#) [CSR Query](#) **SAPP**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

**Subsidy Redetermination**

- Applicant Information
- Subsidy Changing Event
- Worksheet Screening & Stop Work Date
- No. of Relatives
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- Earned Income
- Work Expenses for Disability
- Application Summary
- Contact Information
- Third Party Info
- Penalty of Perjury**



**Penalty of Perjury**

I understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.

By submitting this form I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits and pensions.

I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge.

Applicant attests that all information provided on this application is correct.  
 Applicant declines Attestation  
 Not Yet Answered

**Print**

Print Receipt When Finished.

100%