

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

**Subsidy Application**

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



**Applicant Information**

**Marital Status**  
Married Living Together

**Applicant's Name**

**Applicant's Social Security Number/ID#**

**Spouse's Name**

**Spouse's Social Security Number/ID#**

**Have you (or spouse if married and living together) worked in the last two years?**  
 Yes  No  Not Yet Answered

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**No. of Relatives**

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

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**Savings and Accounts**

If you are Married and living with your spouse, do you have Savings, Investments or Real Estate worth more than \$29,160?

Yes  No  Not Sure

Do you (and your spouse if married and living together) own any of the following items, including items that either of you own separately, jointly or with another person? 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)**

Yes  No  Not Yet Answered

If Yes, enter the combined total \$

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

Yes  No  Not Yet Answered

If Yes, enter the combined total \$

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

Yes  No  Not Yet Answered

If Yes, enter the combined total \$

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Spouse Name:                      Spouse SSN:                      Spouse SNO: **No Special Notice Option Selected**  
Phone Number:                      Languages: **English(S)-English(W)**

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**Burial and Real Estate**

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.

You       Yes     No

Spouse     Yes     No

Other than your home and the property on which it is located, do you (and your spouse if married and living together) own any real estate? Examples of other Real Estate are Summer homes, rental properties, or undeveloped land you own.

Yes     No     Not Yet Answered

Current Market Value    \$

Amount Owed                \$

      



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**Unearned Income**

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

- If Yes, enter the TOTAL MONTHLY INCOME
- If the amount for you and your spouse is combined, enter the total amount in the field for you
- If the amount changes from month to month 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**

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Total Railroad Retirement \$

**Veterans Benefits Before Deductions**

You  Yes  No

Agency Reported Amount \$0

Spouse  Yes  No

Agency Reported Amount \$0

Total Veterans \$0

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

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Total Pensions and Annuities \$

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

You  Yes  No  Not Yet Answered

If Yes, specify type of income

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If yes, average monthly amount \$ [input field]

Agency Reported Amount \$0

Total Railroad Retirement \$ [input field]

**Veterans Benefits Before Deductions**

You  Yes  No

Agency Reported Amount \$0

Spouse  Yes  No

Agency Reported Amount \$0

Total Veterans \$0

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

You  Yes  No  Not Yet Answered

If yes, average monthly amount \$ [input field]

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, average monthly amount \$ [input field]

Agency Reported Amount \$0

Total Pensions and Annuities \$ [input field]

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

You  Yes  No  Not Yet Answered

If Yes, specify type of income [input field]

Enter average monthly amount \$ [input field]

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If Yes, specify type of income [input field]

Enter average monthly amount \$ [input field]

Agency Reported Amount \$0

Total Other Income \$ [input field]

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

Yes  No  Not Yet Answered

Continue

Previous

Save and Return

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**Earned Income**

Do you (or your spouse if married and living together) expect to earn wages this calendar year?

You  Yes  No  Not Yet Answered

If yes, total amount BEFORE TAXES and DEDUCTIONS \$ [input field]

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, total amount BEFORE TAXES and DEDUCTIONS \$ [input field]

Total Wages Before Taxes \$ [input field]

Agency Reported Amount \$0

If self-employed, do you (or your spouse if married and living together) expect NET earnings or a net loss this calendar year?

You  Yes  No  Not Yet Answered

If yes, expected NET earnings or loss this year \$ [input field]  Net Loss

Agency Reported Amount \$0

Spouse  Yes  No  Not Yet Answered

If yes, expected NET earnings or loss this year \$ [input field]  Net Loss

Agency Reported Amount \$0

Total Self-employment Net Earnings \$ [input field]

Have your (or your spouse's if married and living together) wages before taxes or net earnings from self-employment decreased in the last two years?

Yes  No  Not Yet Answered

Continue	Previous	Save and Return
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**Work Expenses for Disability and Work Stop Date**

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):

If YOUR SPOUSE (if married and living together) recently stopped working or plans to stop working then enter the month and year that YOUR SPOUSE stopped or plans to stop.  
 Month (MM):  Year (YYYY):

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

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

You:  Yes  No  Not Yet Answered  
 Spouse:  Yes  No  Not Yet Answered

IRWE/BWE Money Amount - You: \$

IRWE/BWE Money Amount - Spouse: \$



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<b>Application Information</b> <a href="#">Edit Data</a>	
Marital Status	Married Living Together
Applicant's Name	
Applicant's SSN	
Spouse's Name	
Spouse's SSN	
<b>No. of Relatives</b> <a href="#">Edit Data</a>	
Relatives who live with you and you provide at least one-half of their financial support	3
<b>Savings and Accounts</b> <a href="#">Edit Data</a>	
Savings, investments and real estate worth more than \$29,160	No
Bank Accounts	No
Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments	No
Other cash at home or anywhere else	No
<b>Burial and Real Estate</b> <a href="#">Edit Data</a>	
Money to be used for burial expenses - You	Yes
Money to be used for burial expenses - Spouse	Yes
Other real estate	No
<b>Unearned Income</b> <a href="#">Edit Data</a>	
Railroad Retirement Income - You	Not Yet Answered
Railroad Retirement Income - Spouse	Not Yet Answered
Veterans Income - You	Not Yet Answered
Veterans Income - Spouse	Not Yet Answered
Other Pension Income - You	Not Yet Answered
Other Pension Income - Spouse	Not Yet Answered
Other Unearned Income - You	Not Yet Answered
Other Unearned Income - Spouse	Not Yet Answered
Have any of these amounts decreased during the last two years?	Not Yet Answered
<b>Earned Income</b> <a href="#">Edit Data</a>	
Wages this year before taxes - You	Not Yet Answered
Wages this year before taxes - Spouse	Not Yet Answered
Self-employment net earnings this year - You	Not Yet Answered
Self-employment net earnings this year - Spouse	Not Yet Answered

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their financial support

**Savings and Accounts** [Edit Data](#)

Savings, investments and real estate worth more than \$29,160	No
Bank Accounts	No
Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments	No
Other cash at home or anywhere else	No

**Burial and Real Estate** [Edit Data](#)

Money to be used for burial expenses - You	Yes
Money to be used for burial expenses - Spouse	Yes
Other real estate	No

**Unearned Income** [Edit Data](#)

Railroad Retirement Income - You	Not Yet Answered
Railroad Retirement Income - Spouse	Not Yet Answered
Veterans Income - You	Not Yet Answered
Veterans Income - Spouse	Not Yet Answered
Other Pension Income - You	Not Yet Answered
Other Pension Income - Spouse	Not Yet Answered
Other Unearned Income - You	Not Yet Answered
Other Unearned Income - Spouse	Not Yet Answered
Have any of these amounts decreased during the last two years?	Not Yet Answered

**Earned Income** [Edit Data](#)

Wages this year before taxes - You	Not Yet Answered
Wages this year before taxes - Spouse	Not Yet Answered
Self-employment net earnings this year - You	Not Yet Answered
Self-employment net earnings this year - Spouse	Not Yet Answered
Wages before taxes or self-employment net earnings decreased in the two years	Not Yet Answered

**Work Expenses for Disability and Work Stop Date** [Edit Data](#)

Work Expenses Related to Disability/Blindness - You	Not Yet Answered
Work Expenses Related to Disability/Blindness - Spouse	Not Yet Answered
Stopped working or plan to stop working - You	No
Stopped working or plan to stop working - Spouse	No

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### Medicare Savings Program

You may be able to get help from your state with your Medicare cost under the Medicare Savings Programs. To start your application process for the Medicare Savings Program, Social Security will send information from this form to your state unless you tell us not to.

If you are NOT interested in filing for the Medicare Savings Programs then select the "Don't Send" radio button.

- Send
- Don't Send

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**Contact Information**

**Your Phone Number** **Address Source:** MBR  
 (  )  -

**Your Mailing Address**

Street Address

Apartment No.

Address Line 3

Address Line 4

City  State  Zip  -

(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  M.I.  Last  Suffix

Contact Person's Phone Number (  )  -

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Spouse Name:	Spouse SSN:	Spouse SNO: <b>No Special Notice Option Selected</b>
Phone Number:	Languages: <b>English(S)-English(W)</b>	

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**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

**Assisting Person Name**

First  M.I.  Last  Suffix

Phone Number (  )  -

**Assisting Person's Address**

Street Address

Apartment No.

Address Line 3

Address Line 4

City  State   Zip  -

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  - Penalty of Perjury**



**Penalty of Perjury**

We understand that the Social Security Administration (SSA) will check our 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 application we are authorizing SSA to obtain and disclose information related to our income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about our wages, account balances, investments, benefits and pensions.

Unless you told us not to, we are authorizing SSA to disclose the financial information listed above and other individual identifiable information from our file, such as our names, date of birth, gender and social security numbers to the state to start the application process for Medicare Savings Programs.

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

**You**

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

**Spouse**

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

**Print**

Print Receipt When Finished.