


13. Residence Address and Jurisdiction (Full Application - Default)

PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

- Periods
- 04/01/2012 - Continuing
- Residence Address/Jurisdiction**

Residence Address and Jurisdiction

* Indicates required information

* Residence address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

County

Unknown

* Jurisdictional residence address same as above

Yes No Unknown

Override state and county code

* Residence type

- House, apartment, mobile home, houseboat
- Institution
- Non-Institutional care (placed by an agency in foster care, adult foster care, or family care, and not a resident of an institution)
- Room in commercial establishment

- Room in private dwelling (separate household from landlord; either room rental only or flat fee for room and board)
- Transient
- Unknown

* Residence start date Unknown
mm/dd/yyyy

Intended first of month residence

Show person remarks

No remarks

Show file documentation notes

No notes

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29. Household Composition (Default)

SSI Claim

PolicyNet

Name: ~~Jordan Williams~~ SSN: ~~997-45-6890~~ Role: Claimant

Living Arrangements | Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence Address/Jurisdiction

Household Composition

Household Composition

* Indicates required information

* Household Members

Status	Name	Relationship Type	SSN	Birthdate or Age	Sex	Disabled	Blind	Student	Married	Actions
<input checked="" type="checkbox"/>	Jordan Williams	Claimant	997-45-6890	07/01/1978	Male	Yes	No	No	Yes	<input type="button" value="Edit"/>

Show person remarks
No remarks

Show file documentation notes
No notes

33.Home Ownership and Rental Liability (Default)

SSI Claim

PolicyNet

Name: **[REDACTED]** SSN: **[REDACTED]** Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability**

Home Ownership and Rental Liability

* Indicates required information

* Ownership or rental liability:

Show person remarks
No remarks

Show file documentation notes
No notes

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Ownership or rental liability dropdown

--

- Someone in the household owns or is buying
- Someone in the household rents
- No one in the household owns or rents
- Unknown

34.Home Ownership and Rental Liability (Default - Head of household)

SSI ClaimPolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

- Periods
 - 04/01/2012 - Continuing
 - Residence Address/Jurisdiction
 - Household Composition
 - Home Ownership/Rental Liability**

Home Ownership and Rental Liability

* Indicates required information

Claimant head of household

* Ownership or rental liability

Show person remarks
No remarks

Show file documentation notes
No notes

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36.Home Ownership and Rental Liability (Rents - Default)

SSI Claim
PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements | Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence
Address/Jurisdiction

Household Composition

Home Ownership/
Rental Liability

Home Ownership and Rental Liability

* Indicates required information

* Ownership or rental liability Someone in the household rents

* Indicate which household members (at least one) rent

Household Member	Rents	Unknown
Jordan Williams, 997-45-6890, Claimant	<input type="checkbox"/>	<input type="checkbox"/>
Sarah Williams, 344-56-6645, Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Sally Jacobs, 344-56-6645, Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

* Rental payment \$ Unknown

* Payment frequency --

* Any household member related to landlord or landlord's spouse as parent or child
 Yes No Unknown

Show person remarks
No remarks

Show file documentation notes
No notes

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Payment frequency dropdown

-- ▾

Monthly


Weekly

Daily

Bi-Weekly (every two weeks)

Unknown

37.Home Ownership and Rental Liability (Rents - Related to landlord - Yes)


PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements
Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence Address/Jurisdiction

Household Composition

Home Ownership/Rental Liability

Home Ownership and Rental Liability

* Indicates required information

* Ownership or rental liability Someone in the household rents

* Indicate which household members (at least one) rent

Household Member	Rents	Unknown
Jordan Williams, ██████████, Claimant	<input type="checkbox"/>	<input type="checkbox"/>
Sarah Williams, ██████████, Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Sally Jacobs, ██████████, Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

* Rental payment \$ Unknown

* Payment frequency --

* Any household member related to landlord or landlord's spouse as parent or child
 Yes No Unknown

Household members related to landlord
 At least one household member must be related to the landlord

Household Member	Relationship to Landlord
Sarah Williams, ██████████, Spouse	- ▼
Sally Jacobs, ██████████, Non-relative	- ▼

* Rental liability verified

Yes No Decide later

* Verification method

Other (e.g. Person Statement or SSA - 795) ▼

Other

* Current market rental value

\$

Unknown

* Market rental value verified

Yes No Decide later

* Verification method

-- ▼

Rental subsidy \$ 0.00

* Landlord name

Unknown

* Landlord address

Country

United States or U.S. Territory ▼

Street 1

Street 2

+ Add Line

City/Town

State/Territory

-- ▼

ZIP Code

Unknown

Landlord phone

U.S. International

10-digit Number

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

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Rental Liability Verification method dropdown

-- ▾

—

- Rental or lease agreement
- Contact with landlord via the telephone
- Contact with landlord via in person
- Other (e.g. Person Statement or SSA - 795)


Market rental value verification method dropdown

-- ▾

—

- Contact with landlord via the telephone
- Contact with landlord via face to face interview
- Other knowledgeable source

55. Household Expenses and Contributions (Default)

PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements | Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability

Expenses and Contributions

Household Expenses and Contributions

* Indicates required information

* All public assistance household
 Yes No Unknown

Show person remarks
No remarks


Show file documentation notes
No notes

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56. Household Expenses and Contributions (All public assistance - yes)

PolicyNet

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

- Periods
 - 04/01/2012 - Continuing
 - Residence Address/Jurisdiction
 - Household Composition
 - Home Ownership/Rental Liability
 - Expenses and Contributions**

Household Expenses and Contributions

* Indicates required information

* All public assistance household
 Yes No Unknown

Public Assistance for Household Members
At least one assistance type must be selected for each household member

Jordan Williams - [REDACTED] - Claimant

* Assistance type

- Temporary Assistance for Needy Families (TANF)
- Temporary Assistance for Needy Families (TANF) with payment cap
- Receives SSI
- Refugee Cash Assistance – Federally funded - based on need
- Refugee Cash Assistance – State, local or tribal – based on need
- Bureau of Indian Affairs - General Assistance
- Disaster Assistance – Presidentially declared
- Disaster Assistance – State, local or tribal - based on need
- Other State or Local or Tribal Assistance - based on need
- Veteran's Affairs Payment – Pension - based on need
- Veteran's Affairs Payment - Other VA Payment - based on need
- Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
- Adoption Assistance - State, local, or tribal - based on need
- Foster Care Payment - State, local, or tribal - based on need
- Filing for Supplemental Security Income
- Other

* Explain

Unknown

* Public assistance verified

Yes No

Sarah Williams - ~~123456789~~ - Spouse

* Assistance type

- Temporary Assistance for Needy Families (TANF)
- Temporary Assistance for Needy Families (TANF) with payment cap
- Receives SSI
- Refugee Cash Assistance – Federally funded - based on need
- Refugee Cash Assistance – State, local or tribal – based on need
- Bureau of Indian Affairs - General Assistance
- Disaster Assistance – Presidentially declared
- Disaster Assistance – State, local or tribal - based on need
- Other State or Local or Tribal Assistance - based on need
- Veteran's Affairs Payment – Pension - based on need
- Veteran's Affairs Payment - Other VA Payment - based on need
- Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
- Adoption Assistance - State, local, or tribal - based on need
- Foster Care Payment - State, local, or tribal - based on need
- Filing for Supplemental Security Income
- Other

* Explain

Unknown

* Public assistance verified

Yes No

+ Show person remarks

No remarks

+ Show file documentation notes

No notes


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57. Household Expenses and Contributions (No public assistance household)

PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements
Periods
04/01/2012 - Continuing
 Residence Address/Jurisdiction
 Household Composition
 Home Ownership/Rental Liability
Expenses and Contributions

Household Expenses and Contributions
* Indicates required information
*** All public assistance household**
 Yes No Unknown
*** Public assistance with Temporary Assistance for Needy Families payment cap household**
 Yes No Unknown
Loan agreement regarding household expenses
 Yes No Unknown
 Develop inside in-kind support and maintenance or unstated income
*** Do others contribute to household expenses**
 Yes No Unknown
*** Eats all meals out**
 Yes No Unknown
*** Buys food separate from household**
 Yes No Unknown

Show person remarks

No remarks

Show file documentation notes

No notes


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58. Household Expenses and Contributions (No public assistance household - Loan questions)

PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements
Periods
04/01/2012 - Continuing
 Residence Address/Jurisdiction
 Household Composition
 Home Ownership/Rental Liability
Expenses and Contributions

Household Expenses and Contributions
* Indicates required information
* All public assistance household
 Yes No Unknown
* Public assistance with Temporary Assistance for Needy Families payment cap household
 Yes No Unknown
Loan agreement regarding household expenses
 Yes No Unknown
* Bona fide loan exists
 Yes No Unknown
* Assumed to cover pro rata share
 Yes No Decide later
 Develop inside in-kind support and maintenance or unstated income
* Do others contribute to household expenses
 Yes No Unknown
* Eats all meals out
 Yes No Unknown

* Buys food separate from household

Yes No Unknown

Contribution average period

* Date from Unknown Unknown
mm/yyyy mm/yyyy

* Amount others contribute Unknown * Claimant's contribution Unknown

* Monthly loan amount Unknown

Expense average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

Monthly expenses

For the period above, collect the following expenses

Food	Mortgage or Rent	Property Insurance	Property Taxes	Heating Fuel	Electricity	Gas	Garbage Removal	Water	Sewer	Unknown
<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"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for J [REDACTED] - Claimant \$ 0.00

Deemor Contribution

Deemor	Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	Unknown
Sarah Williams - [REDACTED] - Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total contribution for J [REDACTED] - Claimant \$ 0.00

Claimant's excess contribution \$ 0.00

Inside ISM to J [REDACTED] - Claimant \$ 0.00

Cash to claimant from within the household \$ 0.00

* Contribution verification received

Yes No Decide later

Show person remarks

No remarks

Show file documentation notes

No notes


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60. Household of Another (Default)

PolicyNet

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Living Arrangements | Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

Household of Another

Household of Another

* Indicates required information

* **Eats all meals out**

Yes No Unknown

+ Show person remarks

No remarks

+ Show file documentation notes


No notes

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61. Household of Another (Eat all meals out - no, Food and shelter earmarked)

PolicyNet

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

Household of Another

Household of Another

* Indicates required information

* Eats all meals out
 Yes No Unknown

* Buys food separate from household
 Yes No Unknown

* Claimant or deemor contributes toward household expenses
 Yes No Unknown

* Claimant makes token contribution
 Yes No

* Deemor makes token contribution
 Yes No Unknown

Contribution average period

* Date from Unknown Unknown
mm/yyyy mm/yyyy

* Date to Unknown Unknown
mm/yyyy

* Claimant's contribution \$ Unknown

Expense average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

Food	Mortgage or Rent	Property Insurance	Property Taxes	Heating Fuel	Electricity	Gas	Garbage Removal	Water	Sewer	Unknown
<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"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for ~~John Williams - 007-15-0000~~ - Claimant \$ 0.00

Deemor Contribution

Deemor	Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	Earmarked For	Unknown
John Williams - 007-15-0000 - Claimant Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="checkbox"/>

Total contribution for claimant \$ 0.00

* Contribution and expense verification received

Yes No

Contact person

Contact phone
10-digit Number

* Claimant's contribution earmarked for

* Food amount \$

* Shelter amount \$

Pro rata food share for [redacted] - Claimant \$ 0.00
Pro rata shelter share for [redacted] - Claimant \$ 0.00
Total ISM from household for [redacted] - Claimant \$ 0.00

*** Earmarked contribution verified**

Yes No

Show person remarks

No remarks

Show file documentation notes

No notes

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'Earmarked for' in deemor table dropdown

▼

Food and shelter
Food only
Not earmarked
Shelter only

'Claimant's contribution earmarked for' dropdown

▼

Food and shelter
Food only
Not earmarked
Shelter only

62. Household of Another (Eat all meals out - no, Food only earmarked)

❌ SSI Claim PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements
Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

Household of Another

Household of Another

* Indicates required information

* **Eats all meals out**
 Yes No Unknown

* **Buys food separate from household**
 Yes No Unknown

* **Claimant or deemor contributes toward household expenses**
 Yes No Unknown

* **Claimant makes token contribution**
 Yes No

* **Deemor makes token contribution**
 Yes No Unknown

Contribution average period

* **Date from** Unknown * **Date to** Unknown
mm/yyyy mm/yyyy

* **Claimant's contribution** \$ Unknown

Expense average period

* Date from Unknown * Date to Unknown
 mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

Food	Mortgage or Rent	Property Insurance	Property Taxes	Heating Fuel	Electricity	Gas	Garbage Removal	Water	Sewer	Unknown
<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"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for J. Williams - 007-45-0000 - Claimant \$ 0.00

Deemor Contribution

Deemor	Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	Earmarked For	Unknown
Sarah Williams - 007-45-0000 - Claimant Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="checkbox"/>

Total contribution for claimant \$ 0.00

* Contribution and expense verification received

Yes No

Contact person

Contact phone
 10-digit Number

* Claimant's contribution earmarked for

Pro rata food share for J. Williams - 007-45-0000 - Claimant \$ 0.00

Pro rata shelter share for J. Williams - 007-45-0000 - Claimant \$ 0.00

Total ISM from household for J. Williams - 007-45-0000 - Claimant \$ 0.00

* Earmarked contribution verified

Yes No

Show person remarks

No remarks

Show file documentation notes

No notes


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63. Household of Another (Eat all meals out - no, Food and shelter earmarked, Couple's case)

PolicyNet

Name: **J. Williams** SSN: **123-45-6789** Role: **Claimant**

Living Arrangements | **Summary**

Period Effective Dates: **04/01/2012 - Continuing**

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

Household of Another

Household of Another

* Indicates required information

* Eats all meals out
 Yes No Unknown

* Buys food separate from household
 Yes No Unknown

* Claimant or deemor contributes toward household expenses
 Yes No Unknown

* Claimant makes token contribution
 Yes No

* Deemor makes token contribution
 Yes No Unknown

Contribution average period

* Date from Unknown *** Date to** Unknown
mm/yyyy mm/yyyy

* Couple's contribution \$ Unknown

Expense average period

* Date from [] Unknown * Date to [] Unknown
mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

Food	Mortgage or Rent	Property Insurance	Property Taxes	Heating Fuel	Electricity	Gas	Garbage Removal	Water	Sewer	Unknown
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Couple's pro rata share

Pro rata share for J [] - Claimant \$ 0.00
Pro rata share for S [] - Claimant Spouse \$ 0.00

Total contribution for couple \$ 0.00

* Contribution and expense verification received

Yes No

Contact person []

Contact phone []
10-digit Number

* Couple's contribution earmarked for Food and shelter

* Food amount \$ []

* Shelter amount \$ []

Couple's pro rata food share

Pro rata food share for J [] - Claimant \$ 0.00
Pro rata food share for S [] - Claimant Spouse \$ 0.00

Couple's pro rata shelter share

Pro rata shelter share for J [REDACTED] [REDACTED] - Claimant \$ 0.00
Pro rata shelter share for S [REDACTED] [REDACTED] - Claimant Spouse \$ 0.00

Total ISM from household

ISM from household for J [REDACTED] [REDACTED] - Claimant \$ 0.00
ISM from household for S [REDACTED] [REDACTED] - Claimant Spouse \$ 0.00

* Earmarked contribution verified

Yes No

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

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64. Household of Another (PMV question included)

✕ **SSI Claim** PolicyNet

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements
Periods
04/01/2012 - Continuing
 Residence Address/Jurisdiction
 Household Composition
 Home Ownership/Rental Liability
 Expenses and Contributions
Household of Another

Household of Another

* Indicates required information

* Eats all meals out
 Yes No Unknown

* Buys food separate from household
 Yes No Unknown

* Wish to rebut presumed maximum value (PMV)
 Yes No Unknown

* Claimant or deemor contribute toward household expenses
 Yes No Unknown

* Claimant makes token contribution
 Yes No

* Deemor makes token contribution
 Yes No Unknown

Contribution average period

* Date from Unknown Unknown
mm/yyyy mm/yyyy

* Date to Unknown Unknown
mm/yyyy

* Claimant's contribution \$ Unknown

Expense average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

* Food	* Mortgage or Rent	* Property Insurance	* Property Taxes	* Heating Fuel	Electricity	Gas	* Garbage Removal	Water	* Sewer	Unknown
<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"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for J [REDACTED] W [REDACTED] - [REDACTED] Claimant \$ 0.00

Deemor Contribution

Deemor	* Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	* Earmarked For	Unknown
[REDACTED] s - [REDACTED] - Claimant Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="checkbox"/>

Total contribution for J [REDACTED] W [REDACTED] - [REDACTED] Claimant \$ 0.00

* Contribution and expense verification received

Yes No

Contact person

Contact phone
10-digit Number

* Claimant's contribution earmarked for

* Food amount \$

* Shelter amount \$

Pro rata food share for J [REDACTED] - Claimant \$ 0.00
Pro rata shelter share for J [REDACTED] - Claimant \$ 0.00
Total ISM from household for J [REDACTED] - Claimant \$ 0.00

*** Earmarked contribution verified**

Yes No

Show person remarks

No remarks

Show file documentation notes

No notes


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65. In-kind Support and Maintenance (Default)

 **SSI Claim** PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

[Living Arrangements](#) [Summary](#)

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions
- Household of Another
- In-Kind Support and Maintenance**

In-Kind Support and Maintenance

* Indicates required information

Does any person (not living with you) or any agency pay for any of your food or shelter items, or provide you or your household (If applicable) with any food or shelter items

Yes No Unknown

Show person remarks

No remarks

Show file documentation notes

No notes

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67. In-kind Support and Maintenance (ISM - yes, No source added)

SSI Claim

PolicyNet

Name: ██████████ SSN: ██████████ Role: Claimant

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions
- Household of Another

In-Kind Support and Maintenance

In-Kind Support and Maintenance

* Indicates required information

Does any person (not living with you) or any agency pay for any of your food or shelter items, or provide you or your household (if applicable) with any food or shelter items

Yes No Unknown

In-Kind Support and Maintenance (ISM) Sources

Status	Source	ISM Countable	ISM Type	Monthly Value	Claimant's Share	Actions

Add ISM Source

Show person remarks
No remarks

Show file documentation notes
No notes

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69. In-kind Support and Maintenance (Add ISM Pop-up - Default)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* **Source name** Unknown

* **Address**

Country

Street 1

Street 2

City/Town State/Territory ZIP Code

Unknown

* **In-Kind support and maintenance countable**

Yes No Decide later

70. In-kind Support and Maintenance (Add ISM Pop-up - Food)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* **Source name** Unknown

* **Address**

Country

Street 1

Street 2

City/Town State/Territory ZIP Code

Unknown

* **In-Kind support and maintenance countable**

Yes No Decide later

* **ISM type**

* **Number of people who share food** Unknown * **Monthly value** Unknown

* **Payment from absent parent**

Yes No Unknown

ISM share for ██████████ - ██████████ - Claimant \$ 0.00

71. In-kind Support and Maintenance (Add ISM Pop-up - Shelter)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* **Source name** Unknown

* **Address**

Country

Street 1

Street 2

City/Town State/Territory ZIP Code

Unknown

* **In-Kind support and maintenance countable**

Yes No Decide later

* **ISM type**

* **Shelter expense type**
This is the value of the shelter item(s) furnished to the claimant's household. At least one shelter expense is required.

Rent free housing	<input type="text"/>	<input type="checkbox"/> Unknown	Property taxes	<input type="text"/>	<input type="checkbox"/> Unknown
Mortgage or rent	<input type="text"/>	<input type="checkbox"/> Unknown	Electricity	<input type="text"/>	<input type="checkbox"/> Unknown
Heating fuel	<input type="text"/>	<input type="checkbox"/> Unknown	Garbage removal	<input type="text"/>	<input type="checkbox"/> Unknown
Water	<input type="text"/>	<input type="checkbox"/> Unknown	Sewer	<input type="text"/>	<input type="checkbox"/> Unknown
Gas	<input type="text"/>	<input type="checkbox"/> Unknown	Rental subsidy	<input type="text"/>	<input type="checkbox"/> Unknown

Property insurance Unknown

Multiple shelter items Unknown

Total expenses \$ 0.00

* Payment from absent parent

Yes No Unknown

ISM share for Jordan Williams - 997-45-6890 - Claimant \$ 0.00

OK

Cancel

ISM type dropdown

-- ▼

Food

Shelter

ISM only to the claimant

Food and shelter (not household situations)

Unknown