


# 13. Residence Address and Jurisdiction (Full Application - 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**

### 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

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

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 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

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

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

PolicyNet

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

\* 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     | - <span style="font-size: small;">▼</span> |
| Sally Jacobs, ██████████, Non-relative | - <span style="font-size: small;">▼</span> |



\* 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

City/Town

State/Territory

-- ▼

ZIP Code

Unknown

Landlord phone

U.S.  International

10-digit Number

No remarks

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: ██████████ 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 for Household Members**  
At least one assistance type must be selected for each household member

Jordan Williams - ██████████ - 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 - ~~122456789~~ - 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

Contribution average period

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

\* Amount others contribute [ ] [ ] Unknown \* 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="checkbox"/> |

Total monthly expenses \$ 0.00

Pro rata share for [ ] - Claimant \$ 0.00

Deemor Contribution

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

Total contribution for [ ] - Claimant \$ 0.00

Claimant's excess contribution \$ 0.00

Inside ISM to [ ] - 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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## 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 mm/yyyy \* Date to   Unknown mm/yyyy

\* Amount others contribute   Unknown \* Claimant's contribution   Unknown

\* Monthly loan amount   Unknown

Expense average period

\* Date from   Unknown mm/yyyy \* Date to   Unknown 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] - 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] W [REDACTED] - Claimant \$ 0.00

Claimant's excess contribution \$ 0.00

Inside ISM to J [REDACTED] W [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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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                  |
|--|----------------------------|----------------------------|----------------------------|---------------|--------------------------|
| <del>John Williams - 007-15-0000</del> - 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





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  W  -  Claimant \$ 0.00

**Deemor Contribution**

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

Total contribution for J  W  -  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)

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)

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

[Clear Page](#)

[Next](#) [Previous](#) [Save & Return to Mainframe](#)

## 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.

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