START-UP FORM

SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

OMB No. 0960-0133

SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

Residence Address:

Telephone:

Mailing Address:

Telephone:

TYPE OF INTERVIEW

☐ Telephone ☐ NONE

Reviewer Name:

Interview Date:

OTHER CASE INFORMATION

☐ Death of SI Date

☐ Death of ES Date

☐ SI Payee Involvement

☐ Eligible Couple Case

☐ ES Payee Involvement

Do Support Materials Include a 1099?

First Day in SM Review Period:

Retroactive Payment Amount: ☐ Retro Only

Retroactive Review Period:

From: To:

EXIT TOOLS START

MAIN MENU

e8508 Main Menu

1	Proof of Identity / SSN	☐ UTC	13	Negative Property Search	☐ UTC
2	POA / US-Born Citizenship	☐ UTC	14	Vehicles	☐ UTC
3	Nat. Citizen / Alien Status	☐ UTC	15	Life Insurance	☐ UTC
4	Residency	☐ UTC	16	Other Non-Liquid Resources	☐ UTC
5	Marriage	☐ UTC	17	Burial Assets	☐ UTC
6	Living Arrangements / ISM	☐ UTC	18	Transfer of Resources	☐ UTC
7	Self-Employment	☐ UTC	19	Summaries	☐ UTC
8	Wages	☐ UTC	20	Representative Payee	☐ UTC
9	Unearned Income	☐ UTC	21	Death of Material Individual	☐ UTC
10	Financial Accounts	☐ UTC	22	Potential Entitlement	☐ UTC
11	Other Liquid Resources	☐ UTC	23	Fraud	☐ UTC
12	Non-Home Property	☐ UTC	24	Exclusions	☐ UTC

START-UP FORM

SAVE

PRIVACY ACT

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

	SYSTEMS DATA	DETERMINATION	
SI Identity			QR 07020.200.A.3.c
SSN			
SI-PYE Identity			
ES Identity			QR 07020.200.A.3.c
ES SSN			
ES-PYE Identity			

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

SI VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

ES VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA					
Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
Organization's Contact Name			
Organization's Contact Title			
EIN			
Org. Address			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			
Mailing Address			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA					
Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee ☐ Organizational Payee

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
PYE DOB			
PYE POB			
PYE Mailing Address			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA					
Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☑ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
Organization's Contact Name			
Organization's Contact Title			
EIN			
Org. Address			
ES Name			
ES SSN			
ES DOB			
ES POB			
Residence Address			
Mailing Address			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | SI Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA					
Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee ☐ Organizational Payee

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
PYE DOB			
PYE POB			
PYE Mailing Address			
ES Name			
ES SSN			
ES DOB			
ES POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | SI Payee ID Screen

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI				SYSTEMS DATA ES			
DOB		FTH		DOB		FTH	
POB		MTH		POB		MTH	
Citizenship Code				Citizenship Code			

SI

ES

SI's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	
	POB Evidence	
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL	ELIGIBLE SPOUSE
DOB Determination	DOB Determination
US-Born Citizenship Determination	US-Born Citizenship Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

PROOF OF AGE - US BORN

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI				SYSTEMS DATA ES			
DOB		FTH		DOB		FTH	
POB		MTH		POB		MTH	
Citizenship Code				Citizenship Code			

SI

ES

ES's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	
	POB Evidence	
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL	ELIGIBLE SPOUSE
DOB Determination	DOB Determination
US-Born Citizenship Determination	US-Born Citizenship Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

ELEMENT 3

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

SYSTEMS DATA				
SI	POB		AR Code	
ES	POB		AR Code	

My SSR / MSSICS Notes

SI

ES

SI's Name Propagates Here

NATURALIZED CITIZEN

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence			
Country of Birth			
Document Number			
Date of Issue			
Alien Number		Card Number	
Expiration Date			

SI Determination	
ES Determination	

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

ELEMENT 3

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

SYSTEMS DATA				
SI	POB		AR Code	
ES	POB		AR Code	

My SSR / MSSICS Notes

SI
ES

ES's Name Propagates Here

NATURALIZED CITIZEN

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence			
Country of Birth			
Document Number			
Date of Issue			
Alien Number		Card Number	
Expiration Date			

SI Determination	
ES Determination	

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

	ALLEGED		VERIFIED
SI / ES		Destination	
		Purpose of Travel	
		Date left U.S.	
		Date Returned to U.S.	
		Type Of Evidence	
		Method of Travel	
		Method of Payment	
		Source of Funds	
		Was the Ticket a Gift?	
		Was the Ticket Refundable?	
		Unearned Income Suspected?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI

ES

ALLEGED		VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Method of Travel	
	Method of Payment	
	Source of Funds	
	Was the Ticket a Gift?	
	Was the Ticket Refundable?	
	Unearned Income Suspected?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

MARRIAGE

MARRIAGE

ELEMENT 5

SYSTEMS DATA

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					

Holding Out

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex?

Does the SI's allegation match the SSR?

Since mm/dd/yyyy was the spouse eligible for SSI?

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM							
IM							
SM							

EVIDENCE TYPE

ISSUING ENTITY

PLACE ISSUED

DOCUMENT NUMBER

DATE ISSUED

DATE RECORDED

EVENT DATE

	DETERMINATION
BM	
IM	
SM	

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

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

2 Residence Address | Same as SM? | Residence Start Date

3

4 Are the SI and ES living in the same residence?

5 Residence Type

6 If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1
2
3
4
5
6

Record the following residence information as of mm/dd/yyyy

Residence Address

Same as prior residence address?

Are the SI and ES living in the same residence?

Residence Type

If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS - MAIN

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1
2
3
4
5
6

Record the following residence information as of mm/dd/yyyy

Residence Address

Same as prior residence address?

Are the SI and ES living in the same residence?

Residence Type

If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS - MAIN

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1
2
3
4
5
6

Record the following residence information as of mm/dd/yyyy

Residence Address

Same as prior residence address?

Are the SI and ES living in the same residence?

Residence Type

If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS - MAIN

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1
2
3
4
5
6

Record the following residence information as of mm/dd/yyyy

Residence Address

Same as prior residence address?

Are the SI and ES living in the same residence?

Residence Type

If Residence Type = 1 or 2, with whom does the SI live?

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

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

2 Residence Address | Same as prior residence address?

3 Are the SI and ES living in the same residence?

4 Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

INSTITUTION

ELEMENT 6

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ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

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			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			
			☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

ELEMENT 6

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ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

1 2 3 4 5 6

			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen | ADD REMARKS | NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen | ADD REMARKS | NEXT

INSTITUTION

ELEMENT 6

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			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

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ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

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			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			
			☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen | ADD REMARKS | NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

1 2 3 4 5 6

			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			
			☐ Infrequent/ Irregular			

Main LA Screen | ADD REMARKS | NEXT

LIVING ARRANGEMENTS - INSTITUTION

INSTITUTION

ELEMENT 6

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen | ADD REMARKS | NEXT

INSTITUTION

ELEMENT 6

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6

			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

1
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6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

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6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

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6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

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6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

1
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5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - NON-INSTITUTIONAL CARE

NON-INSTITUTIONAL CARE

ELEMENT 6

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - HOME OWNERSHIP

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen | ADD REMARKS | NEXT

LIVING ARRANGEMENTS - HOME OWNERSHIP

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
2
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4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

LIVING ARRANGEMENTS - HOME OWNERSHIP

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
2
3
4
5
6

Evidence of Rental Payment

Landlord's Contact Information

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Who is Related to Landlord?

CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Residence Begin Date	
	Residence End Date	
	Person(s) with Rental Liability	
	Amount of Rental Payment	
	Evidence of Rental Payment	
	Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
	Who is Related to Landlord?	
	CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
2
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4
5
6

Evidence of Rental Payment

Landlord's Contact Information

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

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Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Residence Begin Date	
	Residence End Date	
	Person(s) with Rental Liability	
	Amount of Rental Payment	
	Evidence of Rental Payment	
	Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
	Who is Related to Landlord?	
	CMRV	

Main LA Screen | ADD REMARKS | NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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6

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Main LA Screen

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NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3		Residence Begin Date	
4		Residence End Date	
5		Person(s) with Rental Liability	
6		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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6

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Source of Subsidy Contact information

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Main LA Screen

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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Residence Begin Date	
	Residence End Date	
	Person(s) with Rental Liability	
	Amount of Rental Payment	
	Evidence of Rental Payment	
	Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
	Who is Related to Landlord?	
	CMRV	

Main LA Screen | ADD REMARKS | NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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6

Evidence of Rental Payment

Landlord's Contact Information

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Main LA Screen

ADD REMARKS

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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Residence Begin Date	
	Residence End Date	
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	Amount of Rental Payment	
	Evidence of Rental Payment	
	Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
	Who is Related to Landlord?	
	CMRV	

Main LA Screen

ADD REMARKS

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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
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4
5
6

Evidence of Rental Payment

Landlord's Contact Information

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

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CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
	Landlord's Contact		

HH Expenses Summary
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information

Who is Related to Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
	Landlord's Contact		

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1

2 Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

3 Landlord's Contact Information

4

5 Who is Related to Landlord?

6 CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information

Who is Related to Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
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Landlord's Contact

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information

Who is Related to Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
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Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information

Who is Related to Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information

Who is Related to Landlord?

CMRV

Evidence of CMRV

Monthly Required Rent

Does the Household Receive a Rental Subsidy?

Amount of Rental Subsidy

Number of HH members

Amount of SI Rental Subsidy

Main LA Screen | Go To HH Expenses | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

SOURCE 3

ALLEGED FROM	ALLEGED TO		VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED FROM	ALLEGED TO	SOURCE 1	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

ALLEGED FROM	ALLEGED TO	SOURCE 2	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

SOURCE 3

ALLEGED FROM	ALLEGED TO		VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		Infrequent or Irregular
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

SOURCE 3

ALLEGED FROM	ALLEGED TO		VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

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TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount
Countable?
If no, Reason
If yes, CMV
☐ Infrequent or Irregular
Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount
Countable?
If no, Reason
If yes, CMV
☐ Infrequent or Irregular
Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED FROM	ALLEGED TO	SOURCE 3	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		Infrequent or Irregular
		Evidence		
Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED FROM	ALLEGED TO	SOURCE 1	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

ALLEGED FROM	ALLEGED TO	SOURCE 2	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount
Countable?
If no, Reason
If yes, CMV
☐ Infrequent or Irregular
Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount
Countable?
If no, Reason
If yes, CMV
☐ Infrequent or Irregular
Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

SOURCE 3

ALLEGED FROM	ALLEGED TO		VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		Infrequent or Irregular
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		Infrequent or Irregular
		Evidence		

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

Amount
Countable?
If no, Reason
If yes, CMV ☐ Infrequent or Irregular
Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Amount
Countable?
If no, Reason
If yes, CMV ☐ Infrequent or Irregular
Evidence

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | ADD REMARKS | NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 2 3 4 5 6

ALLEGED FROM	ALLEGED TO	SOURCE 3	VERIFIED FROM	VERIFIED TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		Infrequent or Irregular
		Evidence		
Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen | ADD REMARKS | NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

1 2 3 4 5 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

MI-1 Name Propagated Here — MI-1

MI-2 Name Propagated Here — MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

1 2 3 4 5 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
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PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

MI-1 Name Propagated Here — MI-1

MI-2 Name Propagated Here — MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT

LIVING ARRANGEMENTS - HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION

ELEMENT 6

1 2 3 4 5 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
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PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

MI-1 Name Propagated Here | MI-1

MI-2 Name Propagated Here | MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT

LIVING ARRANGEMENTS - HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION

ELEMENT 6

1 2 3 4 5 6

Living Arrangement Basis as of mm/dd/yyyy

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PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

MI-1 Name Propagated Here — MI-1

MI-2 Name Propagated Here — MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT

LIVING ARRANGEMENTS - HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION

ELEMENT 6

1 2 3 4 5 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
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PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

MI-1 Name Propagated Here | MI-1

MI-2 Name Propagated Here | MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT

LIVING ARRANGEMENTS - HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION

ELEMENT 6

1
2
3
4
5
6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
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PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

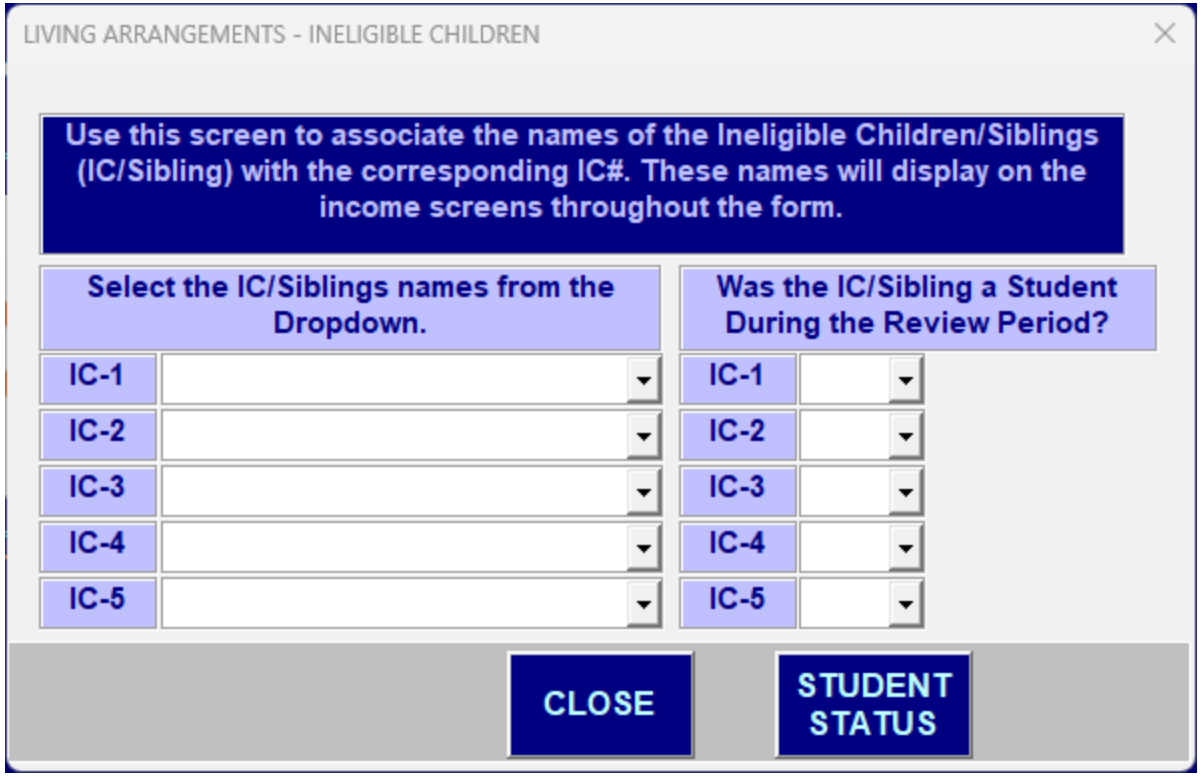
MI-1 Name Propagated Here | MI-1

MI-2 Name Propagated Here | MI-2

☐ No Material Individuals in the review period

Total number of Ineligible Children

Main LA Screen | ADD REMARKS | Establish the IC | NEXT


LIVING ARRANGEMENTS - INELIGIBLE CHILDREN
Use this screen to associate the names of the Ineligible Children/Siblings (IC/Sibling) with the corresponding IC#. These names will display on the income screens throughout the form.
Select the IC/Siblings names from the Dropdown.
Was the IC/Sibling a Student During the Review Period?
IC-1
IC-2
IC-3
IC-4
IC-5
IC-1
IC-2
IC-3
IC-4
IC-5
CLOSE
STUDENT STATUS

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	
	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen | ADD REMARKS | NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen | ADD REMARKS | NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen | ADD REMARKS | NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen | ADD REMARKS | NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2
3
4
5
6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

LIVING ARRANGEMENTS - IN-KIND SUPPORT AND MAINTENANCE

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2
3
4
5
6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2
3
4
5
6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2
3
4
5
6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Residence Address

OUTSIDE ISM

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

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 2 3 4 5 6

Does contribution benefit SI only?

Household Member	Amount Alleged	Amount Verified	Evidence

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | ADD REMARKS | NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2
3
4
5
6

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen | ADD REMARKS | NEXT

ADDRESS HISTORY

ELEMENT 6

Residence 1		Change Since mm/dd/yyyy?		Date of change	
Type					
Residence 2		Change Since mm/dd/yyyy?		Date of change	
Type					
Residence 3		Change Since mm/dd/yyyy?		Date of change	
Type					
Residence 4		Change Since mm/dd/yyyy?		Date of change	
Type					
Residence 5		Change Since mm/dd/yyyy?		Date of change	
Type					
Residence 6		Change Since mm/dd/yyyy?		Date of change	
Type					

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1
2
3
4
5
6

Residence Address	
Residence Type	
Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?	
If yes, date of change?	

Main LA Screen | ADD REMARKS | ADDR HISTORY | NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

BM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

	BM	IM	SM
FLA			
OSS			
ISM			

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen | ADD REMARKS | NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM | IM | SM

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	
Transient ISM	
Institutional ISM	
Proration applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM	
FLA	
OSS	
ISM	
IM	
FLA	
OSS	
ISM	
SM	
FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

IM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	
Transient ISM	
Institutional ISM	
Proration applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM	
FLA	
OSS	
ISM	

IM	
FLA	
OSS	
ISM	

SM	
FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	
Transient ISM	
Institutional ISM	
Proration applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM	
FLA	
OSS	
ISM	
IM	
FLA	
OSS	
ISM	
SM	
FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

SELF-EMPLOYMENT

ELEMENT 7

SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

For the previous or current tax year, have the SI/MI/IC been self-employed? ☐ Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year? ☐ Override

Indicate who earned or expects to earn income from self-employment

☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5

☐ Override ☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5

Determination

MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

SI's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the SI a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

MI-1's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED			Deductions/ Exclusions	VERIFIED		
			Student Earned Income			
			IRWE			
			BWE			
			Court-Ordered Pymnts			
			PASS			
			OTHER			

Was the MI1 a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

MI-2's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the MI2 a Student during the Review Period?

Total SEI
SI
SM | IM | BM

Total SEI
MI-1
SM | IM | BM

Total SEI
MI-2
SM | IM | BM

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI
SI
SM
IM
BM

Total SEI
MI-1
SM
IM
BM

Total SEI
MI-2
SM
IM
BM

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

IC(2)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

IC(3)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

IC(4)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

ELEMENT 7

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

IC(5)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI SI	
SM	
IM	
BM	

Total SEI MI-1	
SM	
IM	
BM	

Total SEI MI-2	
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

SYSTEMS DATA	SM	IM	BM	SY
SI				
MI-1				
MI-2				

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

Have the SI/MI/IC earned wages since mm/dd/yyyy

Override

Indicate who earned wages	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Override	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Was there Telephone Wage Reporting in the SM?								
Was there Monthly Wage Reporting in the SM?								

Determination

MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | COMPLETE | NEXT

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

SI's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages
SI
SM
IM
BM

Total Gross Wages
MI-1
SM
IM
BM

Total Gross Wages
MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

	OTHER			

Employer 2

ALLEGED		VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

Deductions/ Exclusions

ALLEGED		SM	IM	BM
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

	OTHER			

Was the SI a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM | IM | BM

Total Gross Wages MI-1

SM | IM | BM

Total Gross Wages MI-2

SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

MI-1's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

	OTHER			

Employer 2

ALLEGED		VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

Deductions/ Exclusions

ALLEGED		SM	IM	BM	VERIFIED
	Cafeteria Plan				
	Student Earned Income				
	IRWE				
	BWE				
	Court-Ordered Payments				
	PASS				

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

	OTHER			

Was the SI a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI: SM | IM | BM

Total Gross Wages MI-1: SM | IM | BM

Total Gross Wages MI-2: SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

MI-2's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI	
SM	
IM	
BM	

Total Gross Wages MI-1	
SM	
IM	
BM	

Total Gross Wages MI-2	
SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

	OTHER			

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI	
SM	
IM	
BM	

Total Gross Wages MI-1	
SM	
IM	
BM	

Total Gross Wages MI-2	
SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

	OTHER			

Was the SI a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM | IM | BM

Total Gross Wages MI-1

SM | IM | BM

Total Gross Wages MI-2

SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	
		SM / IM / BM
	Gross Wages	
	Evidence	

ALLEGED	Deductions/ Exclusions	VERIFIED (SM / IM / BM)
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period?

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

ALLEGED	Deductions/ Exclusions			VERIFIED
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(2)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	
		SM / IM / BM
	Gross Wages	
	Evidence	

ALLEGED	Deductions/ Exclusions	VERIFIED (SM / IM / BM)
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period?

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

ALLEGED	Deductions/ Exclusions			VERIFIED
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI
SM | IM | BM

Total Gross Wages MI-1
SM | IM | BM

Total Gross Wages MI-2
SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	
		SM / IM / BM
	Gross Wages	
	Evidence	

ALLEGED	Deductions/ Exclusions	VERIFIED SM	VERIFIED IM	VERIFIED BM
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

ALLEGED	Deductions/ Exclusions			VERIFIED
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI
SM | IM | BM

Total Gross Wages MI-1
SM | IM | BM

Total Gross Wages MI-2
SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	
		SM / IM / BM
	Gross Wages	
	Evidence	

ALLEGED	Deductions/ Exclusions	VERIFIED (SM / IM / BM)
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period?

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

ALLEGED	Deductions/ Exclusions			VERIFIED
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Number of Employers | Additional | Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI
SM | IM | BM

Total Gross Wages MI-1
SM | IM | BM

Total Gross Wages MI-2
SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(5)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	
		SM / IM / BM
	Gross Wages	
	Evidence	

ALLEGED	Deductions/ Exclusions	VERIFIED (SM / IM / BM)
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period?

Total Gross Wages SI
SM
IM
BM

Total Gross Wages MI-1
SM
IM
BM

Total Gross Wages MI-2
SM
IM
BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES- DETAIL FORM

WAGES

ELEMENT 8

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

ALLEGED	Deductions/ Exclusions			VERIFIED
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI

SM | IM | BM

Total Gross Wages MI-1

SM | IM | BM

Total Gross Wages MI-2

SM | IM | BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

STUDENT INFORMATION

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

SI's Name Propagates Here

ALLEGED				VERIFIED		
			DOB/ Age			
			School Name			
			Contact Name			
			School Contact Information			
	To		Dates of Attendance		To	
			Evidence			
			Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

MI-1's Name Propagates Here

ALLEGED				VERIFIED		
			DOB/ Age			
			School Name			
			Contact Name			
			School Contact Information			
	To		Dates of Attendance		To	
			Evidence			
			Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

MI-2's Name Propagates Here

ALLEGED				VERIFIED		
			DOB/ Age			
			School Name			
			Contact Name			
			School Contact Information			
	To		Dates of Attendance		To	
			Evidence			
			Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

IC(1)'s Name Propagates Here

ALLEGED				VERIFIED		
			DOB/ Age			
			School Name			
			Contact Name			
			School Contact Information			
	To		Dates of Attendance		To	
			Evidence			
			Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

IC(2)'s Name Propagates Here

ALLEGED				VERIFIED		
			DOB/ Age			
			School Name			
			Contact Name			
			School Contact Information			
	To		Dates of Attendance		To	
			Evidence			
			Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

IC(3)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	
	Student exclusion applies?	SM / IM / BM

List of ICs by Name

BACK

STUDENT INFORMATION

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	
	Student exclusion applies?	SM / IM / BM

List of ICs by Name

BACK

STUDENT INFORMATION

STUDENT INFORMATION

SYSTEMS DATA	SY
SI	
MI1	

My SSR / MSSICS Notes

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

IC(5)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	
	Student exclusion applies?	SM / IM / BM

List of ICs by Name

BACK

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA SM	SYSTEMS DATA IM	SYSTEMS DATA BM	MATCH?	INTERVIEW SM	INTERVIEW IM	INTERVIEW BM
SI-TXVI							
SI-TII							
ES-TXVI							
ES-TII							

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS?

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
	Override	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Title XVI									
Title 2									
Unstated Income									
VA Pension									
VA Compensation									
Railroad Retirement									
Govt. Pension									
Black Lung									
State Disability Payments									
Foster Care									

Determination

MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | COMPLETE | NEXT

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA SM	SYSTEMS DATA IM	SYSTEMS DATA BM	MATCH?	INTERVIEW SM	INTERVIEW IM	INTERVIEW BM
SI-TXVI							
SI-TII							
ES-TXVI							
ES-TII							

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS?

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
	Override	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Energy Assistance									
Unemployment									
Workers Compensation									
Sick Pay									
Educational Assistance									
Dividend/ Royal									
Rent Income									
Interest									
Gifts									
Loans									

Determination

MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | COMPLETE | NEXT

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA SM	SYSTEMS DATA IM	SYSTEMS DATA BM	MATCH?	INTERVIEW SM	INTERVIEW IM	INTERVIEW BM
SI-TXVI							
SI-TII							
ES-TXVI							
ES-TII							

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS?

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
	Override	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Dividend/ Royal									
Rent Income									
Interest									
Gifts									
Loans									
Support from absent parent									
Other cash support									
Gambling Income									
Miscellaneous									
Accelerated LI Payments									

Determination

MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | COMPLETE | NEXT

UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

SI's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions			VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM SI
SM
IM
BM

Total Gross UM MI-1
SM
IM
BM

Total Gross UM MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions — VERIFIED

Unearned Income 3 — ALLEGED / VERIFIED

	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM — SI: SM / IM / BM

Total Gross UM — MI-1: SM / IM / BM

Total Gross UM — MI-2: SM / IM / BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

Pmt. Amount/ Frequency

Payment Date

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions	VERIFIED

ALLEGED — Unearned Income 4 — VERIFIED

Unearned Income Type

Source

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

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

Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	
Payment Date	
Infrequent or Irregular Income involved	☐

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

MI1's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions	VERIFIED		

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM SI: SM | IM | BM

Total Gross UM MI-1: SM | IM | BM

Total Gross UM MI-2: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions — VERIFIED

ALLEGED — **Unearned Income 3** — **VERIFIED**

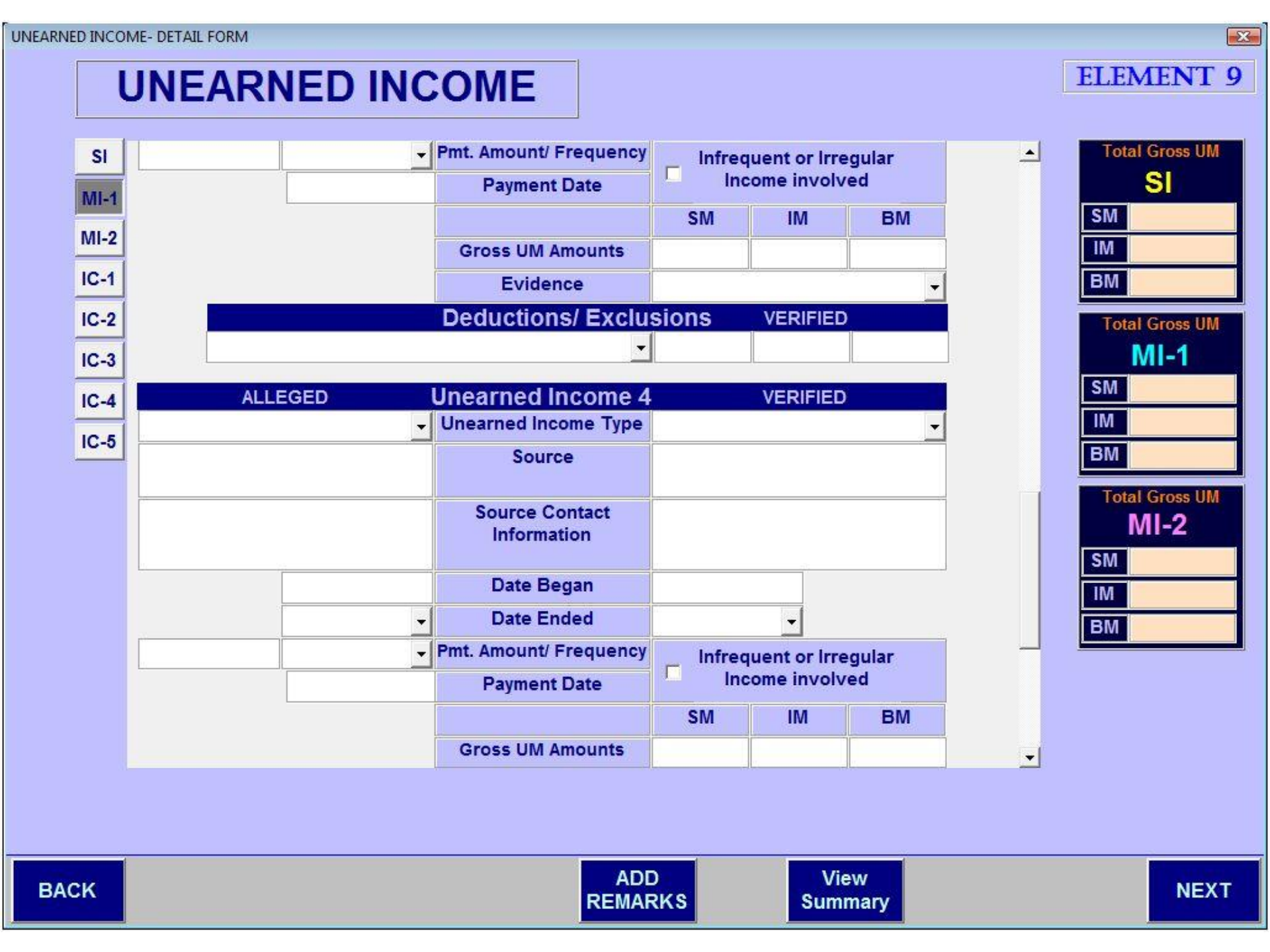
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM SI: SM | IM | BM

Total Gross UM MI-1: SM | IM | BM

Total Gross UM MI-2: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT


UNEARNED INCOME- DETAIL FORM
UNEARNED INCOME
ELEMENT 9
SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5
Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM
IM
BM
Gross UM Amounts
Evidence
Deductions/ Exclusions
VERIFIED
ALLEGED
Unearned Income 4
VERIFIED
Unearned Income Type
Source
Source Contact Information
Date Began
Date Ended
Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM
IM
BM
Gross UM Amounts
Total Gross UM
SI
SM
IM
BM
Total Gross UM
MI-1
SM
IM
BM
Total Gross UM
MI-2
SM
IM
BM
BACK
ADD REMARKS
View Summary
NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	
Payment Date	
Infrequent or Irregular Income involved	☐

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources | Additional | Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM SI	
SM	
IM	
BM	

Total Gross UM MI-1	
SM	
IM	
BM	

Total Gross UM MI-2	
SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

MI2's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions	VERIFIED		

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM SI
SM
IM
BM

Total Gross UM MI-1
SM
IM
BM

Total Gross UM MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME- DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions — VERIFIED

Unearned Income 3 — ALLEGED / VERIFIED

	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM **SI**: SM | IM | BM

Total Gross UM **MI-1**: SM | IM | BM

Total Gross UM **MI-2**: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

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

Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM | IM | BM
Gross UM Amounts
Evidence

Deductions/ Exclusions VERIFIED

ALLEGED **Unearned Income 4** VERIFIED

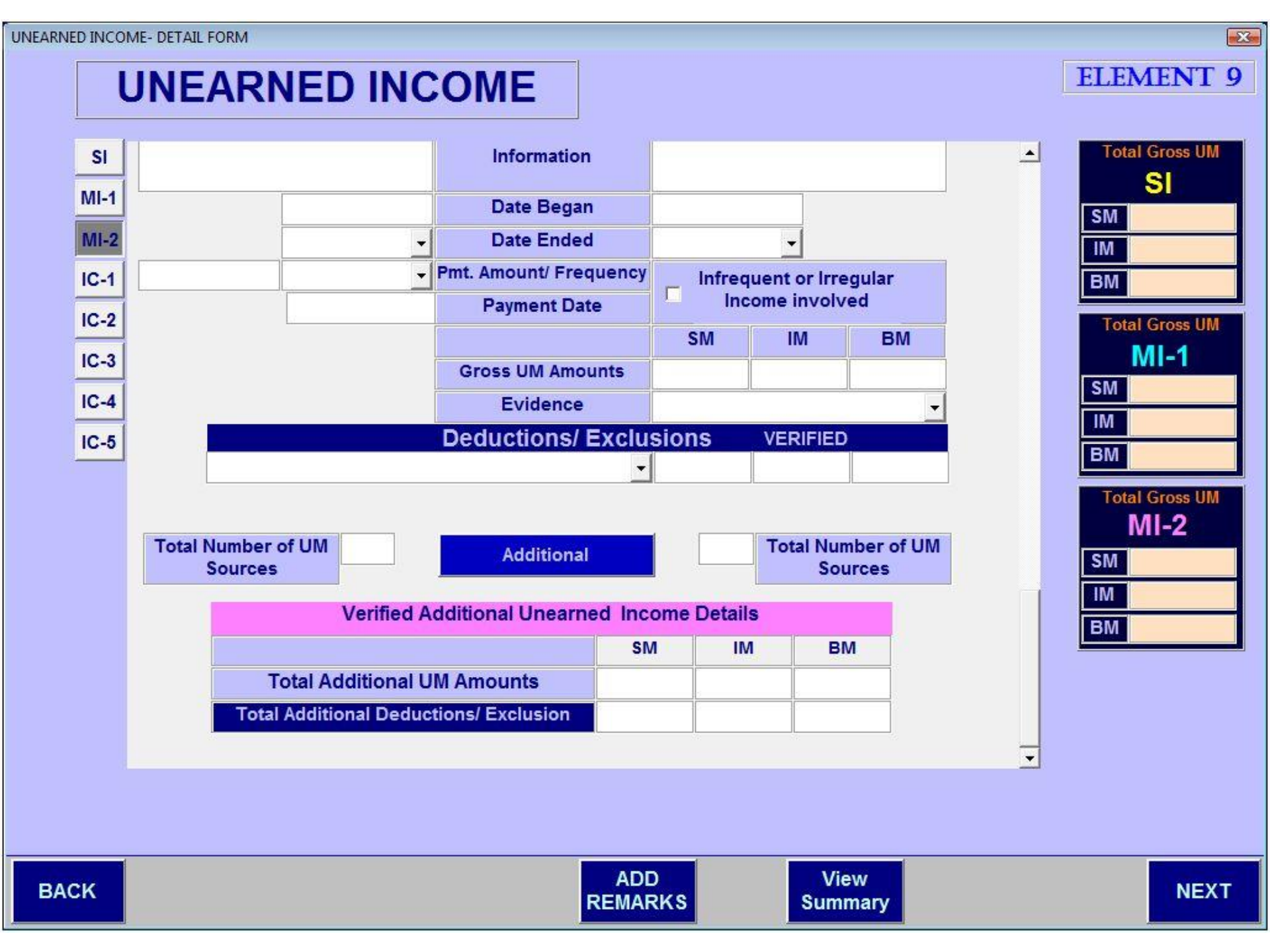
Unearned Income Type
Source
Source Contact Information
Date Began
Date Ended
Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM | IM | BM
Gross UM Amounts

Total Gross UM SI
SM
IM
BM

Total Gross UM MI-1
SM
IM
BM

Total Gross UM MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT


UNEARNED INCOME- DETAIL FORM
UNEARNED INCOME
ELEMENT 9
SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5
Information
Date Began
Date Ended
Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM
IM
BM
Gross UM Amounts
Evidence
Deductions/ Exclusions
VERIFIED
Total Number of UM Sources
Additional
Total Number of UM Sources
Verified Additional Unearned Income Details
SM
IM
BM
Total Additional UM Amounts
Total Additional Deductions/ Exclusion
Total Gross UM
SI
SM
IM
BM
Total Gross UM
MI-1
SM
IM
BM
Total Gross UM
MI-2
SM
IM
BM
BACK
ADD REMARKS
View Summary
NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

IC(1)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	
	Payment Date	
	Infrequent or Irregular Income involved	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions			VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information			
	Date Began			
	Date Ended			
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved		
	Payment Date			
		SM	IM	BM
	Gross UM Amounts			
	Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources | | Additional | | Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM **SI**: SM | IM | BM

Total Countable UM **MI-1**: SM | IM | BM

Total Countable UM **MI-2**: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

IC(2)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions

			VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI: SM | IM | BM

Total Countable UM MI-1: SM | IM | BM

Total Countable UM MI-2: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information		
	Date Began		
	Date Ended		
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved	
	Payment Date		
		SM	IM	BM
	Gross UM Amounts			
	Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources | Additional | Total Number of UM Sources

Verified Additional Unearned Income Details

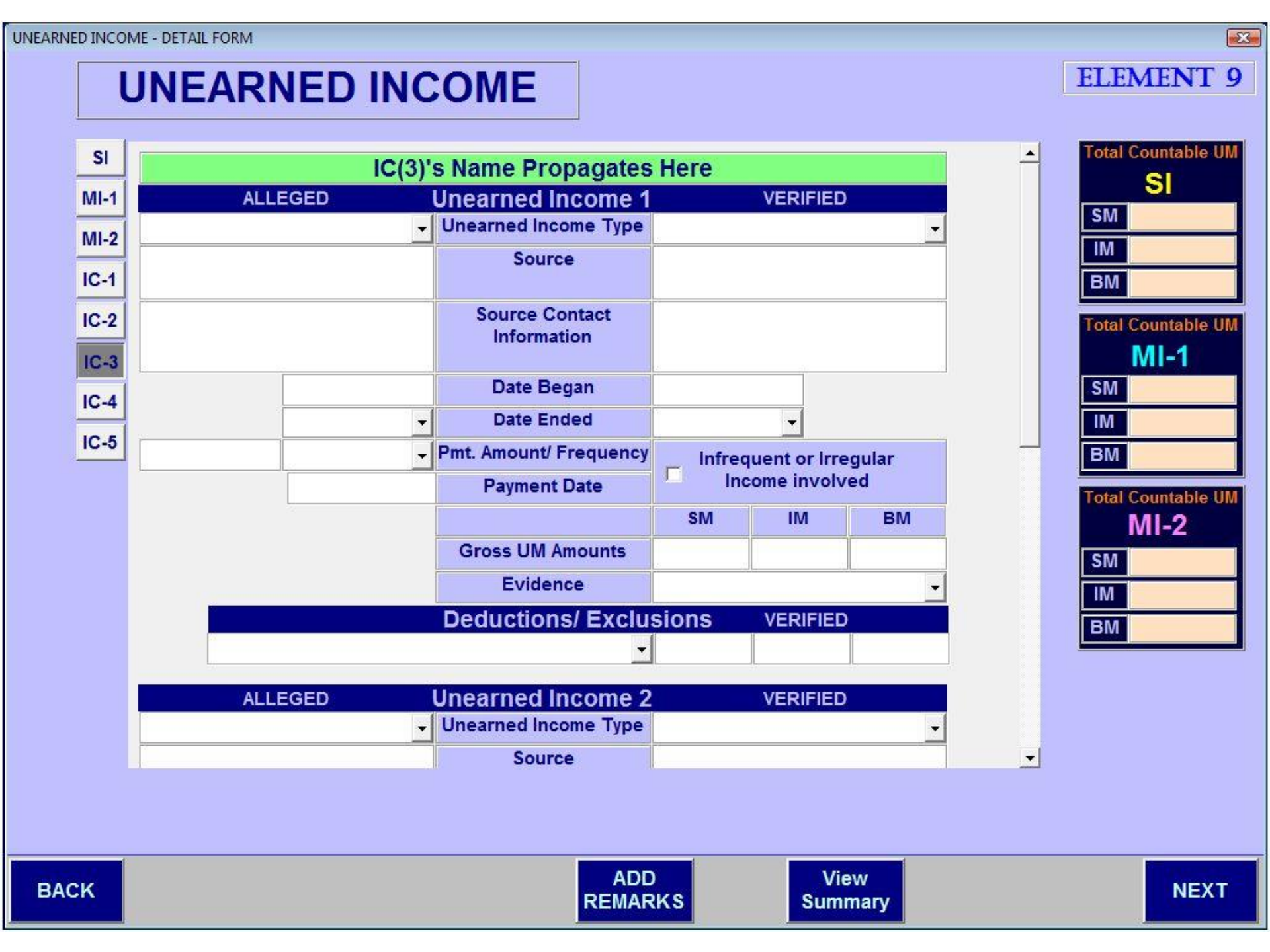
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM **SI**: SM | IM | BM

Total Countable UM **MI-1**: SM | IM | BM

Total Countable UM **MI-2**: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT


UNEARNED INCOME - DETAIL FORM
UNEARNED INCOME
ELEMENT 9
SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5
IC(3)'s Name Propagates Here
ALLEGED
Unearned Income 1
VERIFIED
Unearned Income Type
Source
Source Contact Information
Date Began
Date Ended
Pmt. Amount/ Frequency
Payment Date
Infrequent or Irregular Income involved
SM
IM
BM
Gross UM Amounts
Evidence
Deductions/ Exclusions
VERIFIED
ALLEGED
Unearned Income 2
VERIFIED
Unearned Income Type
Source
Total Countable UM
SI
SM
IM
BM
Total Countable UM
MI-1
SM
IM
BM
Total Countable UM
MI-2
SM
IM
BM
BACK
ADD REMARKS
View Summary
NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources | Additional | Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM **SI**

SM	
IM	
BM	

Total Countable UM **MI-1**

SM	
IM	
BM	

Total Countable UM **MI-2**

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

IC(4)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	
	Payment Date	Infrequent or Irregular Income involved
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions	VERIFIED		

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM **SI**: SM | IM | BM

Total Countable UM **MI-1**: SM | IM | BM

Total Countable UM **MI-2**: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

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

	Source Contact Information			
	Date Began			
	Date Ended			
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved		
	Payment Date			
		SM	IM	BM
	Gross UM Amounts			
	Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources | Additional | Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM **SI**: SM | IM | BM

Total Countable UM **MI-1**: SM | IM | BM

Total Countable UM **MI-2**: SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(5)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	
		SM / IM / BM
	Gross UM Amounts	
	Evidence	

Deductions/ Exclusions			VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI
SM
IM
BM

Total Countable UM MI-1
SM
IM
BM

Total Countable UM MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME - DETAIL FORM

UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED		

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

Sampled Individual Unstated Income Development Screen

	SM	IM	BM
Monthly HH Expenses			
Monthly Income			
Possible Unstated Income			
Actual Unstated Income Amount			

Unstated Income

Consider all household income, savings, debts incurred, outstanding bills, etc. to determine the Actual Unstated Income amount.

Explain why the "Actual Unstated Income" amount is different from the "Possible Unstated Income" amount.

Unstated Income Determination

BACK | ADD REMARKS | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SYSTEMS DATA			
CG Field Codes			
RTN		ACCT #	

My SSR / MSSICS Notes:

Address each of the categories listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2
	Override	SI	MI-1	MI-2
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Debit Card from a financial institution				
Safe Deposit Box				
Name appears on someone else's account				
Prior accounts in the last 24 months				
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts? Override

Determination

MAIN MENU | PREVIOUS | ADD REMARKS | View Summary | COMPLETE | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

SI's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED Account 2 VERIFIED

Total Financial Accounts
SI
SM | IM | BM

Total Financial Accounts
MI-1
SM | IM | BM

Total Financial Accounts
MI-2
SM | IM | BM

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts
SI
SM
IM
BM

Total Financial Accounts
MI-1
SM
IM
BM

Total Financial Accounts
MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

Account 3

ALLEGED				VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Account 4

ALLEGED		VERIFIED
	Account Type	

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

Account 4

ALLEGED				VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts | Additional | Total Number of Financial Accounts

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts
SI
SM
IM
BM

Total Financial Accounts
MI-1
SM
IM
BM

Total Financial Accounts
MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

MI-1's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED Account 2 VERIFIED

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts SI	
SM	
IM	
BM	

Total Financial Accounts MI-1	
SM	
IM	
BM	

Total Financial Accounts MI-2	
SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

ALLEGED			Account 3	VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

Account 4

ALLEGED				VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts | Additional | Total Number of Financial Accounts

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

	SM	IM	BM		SM	IM	BM
Owner Name(s)							
Account Balance							
Evidence							
ID'd via Geo Search?							
Excluded for Burial							
Other Exclusion							
Countable Amount							

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

MI-2's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED Account 2 VERIFIED

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts SI	
SM	
IM	
BM	

Total Financial Accounts MI-1	
SM	
IM	
BM	

Total Financial Accounts MI-2	
SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

ALLEGED			Account 3	VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

Account 4

ALLEGED				VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts | Additional | Total Number of Financial Accounts

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL ACCOUNTS - DETAIL FORMS

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI | MI-1 | MI-2

			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts
SI
SM
IM
BM

Total Financial Accounts
MI-1
SM
IM
BM

Total Financial Accounts
MI-2
SM
IM
BM

BACK | ADD REMARKS | View Summary | NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2
	Override	SI	MI-1	MI-2
Patient Accounts				
U.S. Savings Bonds				
Promissory Notes				
Stocks				
Bonds				
Mutual Funds				
Trusts				
Retirement Funds				
LI Dividend Accumulations				
Cash on hand				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources? Override

MAIN MENU | PREVIOUS | ADD REMARKS | View Summary | COMPLETE | NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

OTHER LIQUID RESOURCES - DETAIL PAGE

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

OTHER LIQUID RESOURCES - DETAIL PAGE

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

BACK
ADD REMARKS
View Summary
NEXT

OTHER LIQUID RESOURCES - DETAIL PAGE

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts | US Svg Bonds | Promissory Notes | Stocks | Bonds | Mutual Funds | Trusts | Ret. Funds | LIP Div. Accum. | Cash On Hand

	Excluded for Burial				
	Other Exclusion				
	Countable Amount				

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

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Cash On Hand

U.S. Sav. Bond 5

ALLEGED				VERIFIED		
			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds

Additional

Total Number of US Savings Bonds

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

SI's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Cash On Hand

SI's Name Propagates Here

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks		Additional	Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

ALLEGED			Bond 1	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds		Additional		Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI	
SM	
IM	
BM	

Total Oth. Liquid Resources MI-1	
SM	
IM	
BM	

Total Oth. Liquid Resources MI-2	
SM	
IM	
BM	

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Cash On Hand

SI's Name Propagates Here

ALLEGED			Mutual Fund 1	VERIFIED		
			Name of Fund			
			Type of Fund			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds | Additional | Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources — SI

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-2

SM	
IM	
BM	

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SI's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Cash On Hand

	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of

Total Number of

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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- Cash On Hand

SI's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds | Additional | Total Number of Retirement Funds

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources — SI

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-2

SM	
IM	
BM	

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SI's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED — Policy 4 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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SI's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources SI	
SM	
IM	
BM	

Total Oth. Liquid Resources MI-1	
SM	
IM	
BM	

Total Oth. Liquid Resources MI-2	
SM	
IM	
BM	

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Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

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Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

U.S. Sav. Bond 1

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

U.S. Sav. Bond 2

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Ret. Funds
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Cash On Hand

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Patient Accts | US Svg Bonds | Promissory Notes | Stocks | Bonds | Mutual Funds | Trusts | Ret. Funds | LIP Div. Accum. | Cash On Hand

	Excluded for Burial				
	Other Exclusion				
	Countable Amount				

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources
SI
SM | IM | BM

Total Oth. Liquid Resources
MI-1
SM | IM | BM

Total Oth. Liquid Resources
MI-2
SM | IM | BM

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

Total Number of US Savings Bonds

Additional

Total Number of US Savings Bonds

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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MI-1's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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Ret. Funds
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Cash On Hand

MI-1's Name Propagates Here

Stock 1

ALLEGED				VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Stock 2

ALLEGED			VERIFIED
		Name of Stock/Symbol	
		Type of Stock	
		Number of Shares	
		Purchase Date	
		Ownership	
		Brokerage Firm	

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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- Bonds
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- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks | Additional | Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

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Cash On Hand

MI-1's Name Propagates Here

Bond 1

ALLEGED				VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Bond 2

ALLEGED			VERIFIED
		Bond Name	
		Type of Bond	
		Number of Bonds	
		Purchase Date	
		Ownership	

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds [ ] Additional [ ] Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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MI-1's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds | Additional | Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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Ret. Funds
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Cash On Hand

MI-1's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Patient Accts
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Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of

Total Number of

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

Retirement Fund 1

ALLEGED				VERIFIED		
			Type			
			Administrator			
			Eligible for periodic payments?			
			Can SI withdraw lump sum?			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds

Additional

Total Number of Retirement Funds

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED — Policy 4 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

MI-1's Name Propagates Here

Policy 1

ALLEGED		VERIFIED SM	VERIFIED IM	VERIFIED BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Policy 2

ALLEGED		VERIFIED SM	VERIFIED IM	VERIFIED BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Policy 3

ALLEGED		VERIFIED SM	VERIFIED IM	VERIFIED BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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- Bonds
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- Cash On Hand

MI-1's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

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Cash On Hand

MI-2's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Patient Accts
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LIP Div. Accum.
Cash On Hand

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

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

Total Number of US Savings Bonds

Additional

Total Number of US Savings Bonds

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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MI-2's Name Propagates Here

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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- LIP Div. Accum.
- Cash On Hand

	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks | Additional | Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources **SI**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources **MI-2**

SM	
IM	
BM	

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MI-2's Name Propagates Here

Bond 1

ALLEGED				VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Bond 2

ALLEGED				VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds

Additional

Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Mutual Fund 1	VERIFIED		
			Name of Fund			
			Type of Fund			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds | Additional | Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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Cash On Hand

MI-2's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	
		SM / IM / BM
	Value of Trust	
	Excluded for Burial	
	Other Exclusion	
	Countable Amount	

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

a copy of the trust?

	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Trusts

Additional

Total Number of Trusts

Additional Trusts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM
IM
BM

Total Oth. Liquid Resources
MI-1
SM
IM
BM

Total Oth. Liquid Resources
MI-2
SM
IM
BM

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Cash On Hand

MI-2's Name Propagates Here

Retirement Fund 1

ALLEGED				VERIFIED		
			Type			
			Administrator			
			Eligible for periodic payments?			
			Can SI withdraw lump sum?			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds

Additional

Total Number of Retirement Funds

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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MI-2's Name Propagates Here

Policy 1

ALLEGED | VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Policy 2

ALLEGED | VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Policy 3

ALLEGED | VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED — Policy 4 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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Cash On Hand

MI-2's Name Propagates Here

ALLEGED — Cash on Hand — VERIFIED

	SM	IM	BM
Cash Amounts			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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NON-HOME PROPERTY

ELEMENT 12

SYSTEMS DATA			
RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property ? ☐ Override

Record who owns or is buying non-home property	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2
Total number of properties			

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property? ☐ Override

Check to display a list of possible non-home properties. ☐

1. Farmland
2. Commercial (non-farm)
3. Residential property
4. Unimproved Land
5. Foreign Property
6. Mineral/Timber/Water Rights

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI | MI1 | MI2

SI's Name Propagated Here

Property Location

ID'd via Negative Property Search?

Non-Home Property 1

ALLEGED		VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			CMV			
			Evidence of CMV			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			

Reason for Exclusion:

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NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI | MI1 | MI2

			Duration of Ownership			
			Income Producing			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			

Reason for Exclusion:

Countable Amount			

Total Number of Non-Home Properties

Additional

Total Number of Non-Home Properties

Additional Non-Home Properties

	SM	IM	BM
Countable Amount			

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NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI | MI1 | MI2

MI-1's Name Propagated Here

Property Location

ID'd via Negative Property Search?

Non Home-Property 1

ALLEGED		VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			CMV			
			Evidence of CMV			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			

Reason for Exclusion:

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NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI | MI1 | MI2

			Duration of Ownership			
			Income Producing			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			
Countable Amount			

Reason for Exclusion:

Total Number of Non-Home Properties

Additional

Total Number of Non-Home Properties

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NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI | MI1 | MI2

MI-2's Name Propagated Here

Property Location		ID'd via Negative Property Search?	

Non Home-Property 1

ALLEGED		VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

ALLEGED SM	ALLEGED IM	ALLEGED BM		VERIFIED SM	VERIFIED IM	VERIFIED BM
			CMV			
			Evidence of CMV			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			

Reason for Exclusion:

BACK | ADD REMARKS | NEXT

NON-HOME PROPERTY - DETAIL FORM

ELEMENT 12

SI

MI1

MI2

			Duration of Ownership			
			Income Producing			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Equity Value			
Ownership %			
Excluded?			
Countable Amount			

Reason for Exclusion:

Total Number of Non-Home Properties

Additional

Total Number of Non-Home Properties

BACK

ADD REMARKS

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

SI's Name Propagates Here

SSN(s) search	

Determination

SI MI-1 MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

MI1's Name Propagates Here

SSN Search | Name Search

SSN(s) Search	

Determination ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

MI1's Name Propagates Here

SSN Search | Name Search

Name(s) Search	

Jurisdiction Searched	County/Parish/City	ST

Alpha Listing	
Contact Method	
Name of Contact	
Title of Contact	
Date of Contact	
Contact Information	

Determination ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

MI2's Name Propagates Here

SSN Search | Name Search

SSN(s) Search	

Determination ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

MI2's Name Propagates Here

SSN Search | Name Search

Name(s) Search	

Jurisdiction Searched	County/Parish/City	ST

Alpha Listing	
Contact Method	
Name of Contact	
Title of Contact	
Date of Contact	
Contact Information	

Determination ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

VEHICLES

VEHICLES

ELEMENT 14

SYSTEMS DATA			
RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes:

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles? ☐ Override

Record who owns or is buying vehicles.	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2
Total number of vehicles			

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles? ☐ Override

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

SI's Name Propagates Here

ELEMENT 14

ALLEGED	Vehicle 1	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV
SI
SM
IM
BM

Total Countable CMV
SM
IM
BM

Total Countable CMV
MI-2
SM
IM
BM

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

Amount			
Countable CMV			

Vehicle 2

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

Vehicle 3

ALLEGED | VERIFIED

Type of Vehicle	
Year	
Make	
Model	
VIN	
Tag Number	
Use	
Condition	
Mileage	
Duration of Ownership	
Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED | VERIFIED

Does one or more exist?	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

Condition		
Mileage		
Duration of Ownership		
Evidence		

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV — SI

SM	
IM	
BM	

Encumbrances

ALLEGED | VERIFIED

Does one or more exist?	
Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Countable CMV

SM	
IM	
BM	

Total Number of Vehicles | Additional | Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

MI-1's Name Propagates Here

Vehicle 1

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

SI | MI-1 | MI-2

ELEMENT 14

Amount			
Countable CMV			

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

Vehicle 3

ALLEGED | VERIFIED

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED | VERIFIED

ALLEGED		VERIFIED
	Does one or more exist?	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

Condition		
Mileage		
Duration of Ownership		
Evidence		

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV — SI

SM	
IM	
BM	

Encumbrances

ALLEGED | VERIFIED

Does one or more exist?	
Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Countable CMV

SM	
IM	
BM	

Total Number of Vehicles | Additional | Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

MI-2's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

Amount			
Countable CMV			

Vehicle 2

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

Vehicle 3

ALLEGED | VERIFIED

	ALLEGED	VERIFIED
Type of Vehicle		
Year		
Make		
Model		
VIN		
Tag Number		
Use		
Condition		
Mileage		
Duration of Ownership		
Evidence		

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED | VERIFIED

	ALLEGED	VERIFIED
Does one or more exist?		

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

SI | MI-1 | MI-2

ELEMENT 14

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Encumbrances

ALLEGED | VERIFIED

	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles | Additional | Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV — SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

LIFE INSURANCE

ELEMENT 15

SYSTEMS DATA			
RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies? ☐ Override

Record who owns or is buying life insurance policies	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2
Total number of life insurance policies			

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies? ☐ Override

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

SI's Policy # 1		SI's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

SI's Policy # 3				SI's Policy # 4		
			Insurance Company Information			
			Contact Information			
			Method of Discovery			
			Policy Number			
			Issue Date			
			Disposal Date			
			Owner(s)			
			Type of Policy			
			Evidence			
			Age at Issue			
			Fully Paid-Up Policy?			
			Does policy produce Dividend Additions?			
SM	IM	BM		SM	IM	BM

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

MI-1's Policy # 1		MI-1's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

MI-1's Policy # 3				MI-1's Policy # 4		
			Insurance Company Information			
			Contact Information			
			Method of Discovery			
			Policy Number			
			Issue Date			
			Disposal Date			
			Owner(s)			
			Type of Policy			
			Evidence			
			Age at Issue			
			Fully Paid-Up Policy?			
			Does policy produce Dividend Additions?			
SM	IM	BM		SM	IM	BM

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

MI-2's Policy # 1		MI-2's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

MI-2's Policy # 3				MI-2's Policy # 4		
			Insurance Company Information			
			Contact Information			
			Method of Discovery			
			Policy Number			
			Issue Date			
			Disposal Date			
			Owner(s)			
			Type of Policy			
			Evidence			
			Age at Issue			
			Fully Paid-Up Policy?			
			Does policy produce Dividend Additions?			
SM	IM	BM		SM	IM	BM

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE - DETAIL FORM

LIFE INSURANCE

ELEMENT 15

SI | MI-1 | MI-2

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

Total Number of LI policies

Additional

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV SI		Total FV SI
	SM	
	IM	
	BM	

Total CSV MI-1		Total FV MI-1
	SM	
	IM	
	BM	

Total CSV MI-2		Total FV MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

OTHER NONLIQUID RESOURCES

ELEMENT 16

SYSTEMS DATA			
RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes:

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy? ☐ Override

Record who owns or is buying nonliquid resources	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2
Total number of nonliquid resources:			

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources? ☐ Override

Check to display a list of possible non-liquid resources. ☐

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

SI's Name Propagates Here

Resource 1

ALLEGED				VERIFIED		
			Type of Resource			
			Evidence of Ownership			
			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

Encumbrances

ALLEGED				VERIFIED		
			Does one or more exist?			
			Evidence			
				SM	IM	BM
			Amount			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources | Additional | Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources SI	
SM	
IM	
BM	

Total NonLiquid Resources MI-1	
SM	
IM	
BM	

Total NonLiquid Resources MI-2	
SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

MI-1's Name Propagates Here

Resource 1

ALLEGED				VERIFIED		
			Type of Resource			
			Evidence of Ownership			
			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

Encumbrances

ALLEGED				VERIFIED		
			Does one or more exist?			
			Evidence			
				SM	IM	BM
			Amount			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Total NonLiquid Resources — SI

SM	
IM	
BM	

Total NonLiquid Resources — MI-1

SM	
IM	
BM	

Total NonLiquid Resources — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

MI-1's Name Propagates Here

Resource 1

ALLEGED				VERIFIED		
			Type of Resource			
			Evidence of Ownership			
			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

Encumbrances

ALLEGED				VERIFIED		
			Does one or more exist?			
			Evidence			
				SM	IM	BM
			Amount			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources | Additional | Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources — SI

SM	
IM	
BM	

Total NonLiquid Resources — MI-1

SM	
IM	
BM	

Total NonLiquid Resources — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

	SM	IM	BM
CMV			
Ownership %			

Duration of Ownership

Evidence of CMV

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources **SI**

SM	
IM	
BM	

Total NonLiquid Resources **MI-1**

SM	
IM	
BM	

Total NonLiquid Resources **MI-2**

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

MI-2's Name Propagates Here

Resource 1

ALLEGED				VERIFIED		
			Type of Resource			
			Evidence of Ownership			
			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

Encumbrances

ALLEGED				VERIFIED		
			Does one or more exist?			
			Evidence			
				SM	IM	BM
			Amount			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources | Additional | Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources — SI

SM	
IM	
BM	

Total NonLiquid Resources — MI-1

SM	
IM	
BM	

Total NonLiquid Resources — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

OTHER NON-LIQUID RESOURCES - DETAIL FORM

NONLIQUID RESOURCES

ELEMENT 16

SI | MI-1 | MI-2

			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Nonliquid Resources		Additional	Total Number of Nonliquid Resources

Additional Nonliquid Resources			
	SM	IM	BM
Countable Amount			

Total NonLiquid Resources
SI

SM	
IM	
BM	

Total NonLiquid Resources
MI-1

SM	
IM	
BM	

Total NonLiquid Resources
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS

BURIAL ASSETS

ELEMENT 17

SYSTEMS DATA			
RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial? ☐ Override

Record who owns or is buying burial assets.	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2
Total number of burial assets			

Check to display a list of possible burial assets. ☐

1. Burial Contracts
2. Burial Trusts
3. Cemetery Lot
4. Crypt
5. Casket
6. Urn
7. Headstone
8. Marker

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial? ☐ Override

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

BURIAL ASSETS - DETAIL FORM

BURIAL ASSETS

ELEMENT 17

SI
MI1
MI2

SI's Name Propagates Here

ALLEGED	Asset 1	VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

ALLEGED	Asset 2	VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets
SI
SM
IM
BM

Total Burial Assets
MI-1
SM
IM
BM

Total Burial Assets
MI-2
SM
IM
BM

BACK
ADD REMARKS
NEXT

BURIAL ASSETS

ELEMENT 17

SI | MI1 | MI2

	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets — SI

SM	
IM	
BM	

Total Burial Assets — MI-1

SM	
IM	
BM	

Total Burial Assets — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS - DETAIL FORM

BURIAL ASSETS

ELEMENT 17

SI | MI1 | MI2

MI-1's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets	
SI	
SM	
IM	
BM	

Total Burial Assets	
MI-1	
SM	
IM	
BM	

Total Burial Assets	
MI-2	
SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS - DETAIL FORM

BURIAL ASSETS

ELEMENT 17

SI | MI1 | MI2

	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets | Additional | Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets — SI

SM	
IM	
BM	

Total Burial Assets — MI-1

SM	
IM	
BM	

Total Burial Assets — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS - DETAIL FORM

BURIAL ASSETS

ELEMENT 17

SI | MI1 | MI2

MI-2's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets SI

SM	
IM	
BM	

Total Burial Assets MI-1

SM	
IM	
BM	

Total Burial Assets MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS - DETAIL FORM

BURIAL ASSETS

ELEMENT 17

SI | MI1 | MI2

	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets — SI

SM	
IM	
BM	

Total Burial Assets — MI-1

SM	
IM	
BM	

Total Burial Assets — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI
MI-1
MI-2

SI's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI | MI-1 | MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

TRANSFER OF RESOURCES

ELEMENT 18

SI | MI-1 | MI-2

MI-1's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI | MI-1 | MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

TRANSFER OF RESOURCES

ELEMENT 18

SI
MI-1
MI-2

MI-1's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI | MI-1 | MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated

- ☑ Financial Accounts (10)
- ☑ Other Liquid Resources (11)
- ☑ Non-Home Property (12)
- ☑ Vehicles (14)
- ☑ Life Insurance (15)
- ☑ Other Nonliquid Resources (16)
- ☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI									
MI-1									
MI-2									

	SM	IM	BM	Number
	US SAVINGS BONDS			
SI				
MI-1				
MI-2				
	PROMISSORY NOTES			
SI				
MI-1				
MI-2				
	STOCKS			
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
	CHECKING			
SI				
MI-1				
MI-2				

SAVINGS

	SM	IM	BM	Number
	FINANCIAL INSTITUTION			
SI				
MI-1				
MI-2				
	PATIENT ACCOUNTS			
SI				

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

MI-1				
MI-2				
	BONDS			
SI				
MI-1				
MI-2				
	MUTUAL FUNDS			
SI				
MI-1				
MI-2				
	TRUSTS			
SI				
MI-1				
MI-2				
	RETIREMENT FUNDS			
SI				
MI-1				
MI-2				
	LI DIVIDEND ACCUMULATIONS			
SI				

	PATIENT ACCOUNTS			
SI				
MI-1				
MI-2				
	TOTAL SAVINGS			
	FINANCIAL + PATIENT ACCOUNTS			
SI				
MI-1				
MI-2				
	VEHICLES			
SI				
MI-1				
MI-2				
	LIFE INSURANCE			
SI				
MI-1				
MI-2				
	BURIAL ASSETS			
SI				

MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TRUSTS			
SI				
MI-1				
MI-2				

	RETIREMENT FUNDS			
SI				
MI-1				
MI-2				

	LI DIVIDEND ACCUMULATIONS			
SI				
MI-1				
MI-2				

	CASH ON HAND			
SI				
MI-1				
MI-2				

	VEHICLES			
SI				
MI-1				
MI-2				

	LIFE INSURANCE			
SI				
MI-1				
MI-2				

	BURIAL ASSETS			
SI				
MI-1				
MI-2				

	NON HOME PROPERTY			
SI				
MI-1				
MI-2				

Determination

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

Total Deductions/ Exclusion Amounts Unearned Income

	SI		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	MI-1		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			

Total Deductions/ Exclusion Amounts Earned Income

	SI		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	MI-1		
Cafeteria Plan			
Student Earned Income			

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

Additional UM Exclusions/Deductions			

MI-2

Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			

MI-2

Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			

Earned Income Determination

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

Total Deductions/ Exclusion Amounts Unearned Income

	IC-1 SM	IC-1 IM	IC-1 BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

	IC-2 SM	IC-2 IM	IC-2 BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IC-3

Total Deductions/ Exclusion Amounts Earned Income

	IC-1 SM	IC-1 IM	IC-1 BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

	IC-2 SM	IC-2 IM	IC-2 BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

INCOME & RESOURCE SUMMARIES

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

Additional UM Exclusions/Deductions			
IC-3			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-4			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-5			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Excl/Dedct			

Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-3			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-4			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-5			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

REPRESENTATIVE PAYEE

ELEMENT 20

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

SAMPLED INDIVIDUAL

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

REPRESENTATIVE PAYEE

ELEMENT 20

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

ELIGIBLE SPOUSE

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD REMARKS

NEXT

DEATH OF MATERIAL INDIVIDUAL

DEATH OF MATERIAL INDIVIDUAL

ELEMENT 21

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Did the deceased MI (s) affect payment/eligibility during the sample period?

Name
SSN
Relationship
Date of Death
Evidence

Name
SSN
Relationship
Date of Death
Evidence

Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

POTENTIAL ENTITLEMENT

ELEMENT 22

My SSR / MSSICS Notes

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:	
Served in the Military?	
Belonged to a Labor Union?	
Worked for the Federal Government?	
Worked for the State/ Local Government?	
Worked in the Railroad Industry?	
Worked under a Social Security or pension plan of a Country other than the U.S.	
Worked for a private employer who offered a pension plan?	

Title II Potential Entitlement

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Person with Military service | SSN | Relationship to SI

Was the employee age 24 or younger during all periods of employment? | Claim or ID number

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service

Referral to FO | Reason

Person with Military service | SSN | Relationship to SI

Was the employee age 24 or younger during all periods of employment? | Claim or ID number

Status of claim for Military service benefits

Reason for Denial

Branch of Service	Service number	Period or length of service

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service

Referral to FO

Reason

Person with Military service

SSN

Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Claim or ID number

Status of claim for Military service benefits

Reason for Denial

Branch of Service	Service number	Period or length of service

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Union Member | SSN | Relationship to SI

Status of claim for Union benefits | Claim or ID number

Union name

Employer(s)	Period or length of employment

Referral to FO | Reason

Union Member | SSN | Relationship to SI

Status of claim for Union benefits | Claim or ID number

Reason for Denial

Union name

Employer(s)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO

Reason

Union Member

SSN

Relationship to SI

Status of claim for Union benefits

Claim or ID number

Reason for Denial

Union name

Employer(s)	Period or length of employment

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Federal Employee		SSN		Relationship to SI	
Status of claim for Federal employment benefits				Claim or ID number	

Employer(s)	Period or length of employment

Referral to FO		Reason	

Federal Employee		SSN		Relationship to SI	
Status of claim for Federal employment benefits				Claim or ID number	
Reason for Denial					

Employer(s)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO | Reason

Federal Employee | SSN | Relationship to SI

Status of claim for Federal employment benefits | Claim or ID number

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

State/Local Employee		SSN		Relationship to SI	
Status of claim for State/Local benefits				Claim or ID number	

Employer(s)	Period or length of employment

Referral to FO | Reason

State/Local Employee		SSN		Relationship to SI	
Status of claim for State/Local benefits				Claim or ID number	
Reason for Denial					

Employer(s)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO | Reason

State/Local Employee | SSN | Relationship to SI

Status of claim for State/Local benefits | Claim or ID number

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Railroad Employee | SSN | Relationship to SI

Status of claim for Railroad employment benefits

RR Claim number

Employer(s)	Period or length of employment

Referral to FO | Reason

Railroad Employee | SSN | Relationship to SI

Status of claim for Railroad employment benefits

Reason for Denial

RR Claim number

Employer(s)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO

Reason

Railroad Employee

SSN

Relationship to SI

Status of claim for Railroad employment benefits

Reason for Denial

RR Claim number

Employer(s)	Period or length of employment

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Foreign Employee		SSN		Relationship to SI	
Status of claim for Foreign employment benefits				Claim or ID number	

Country(ies)	Period or length of employment

Referral to FO		Reason	

Foreign Employee		SSN		Relationship to SI	
Status of claim for Foreign employment benefits				Claim or ID number	
Reason for Denial					

Country(ies)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT- OTHER BENEFITS

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO [ ] **Reason**

Foreign Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Foreign employment benefits [ ] **Claim or ID number** [ ]

Reason for Denial

Country(ies)	Period or length of employment

Referral to FO [ ]

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Employee		SSN		Relationship to SI	
Was the employee age 24 or younger during all periods of employment?				Claim or ID number	
Status of claim for Private Sector employment benefits					

Employer(s)	Period or length of employment

Referral to FO		Reason	

Employee		SSN		Relationship to SI	
Was the employee age 24 or younger during all periods of employment?				Claim or ID number	
Status of claim for Private Sector employment benefits					
Reason for Denial					

Employer(s)	Period or length of employment

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION

Referral to FO

Reason

Employee

SSN

Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Claim or ID number

Status of claim for Private Sector employment benefits

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK | ADD REMARKS | Go to T II | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | **ES Date of Birth**

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Has the SI ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the SI within 4 months of age 62 or older?

Is the SI insured per PEBES or other queries?

Referral to FO **Reason**

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Has the SI ever applied for disability benefits on his/her own record?

Is the SI insured per DISCO or other queries?

Referral to FO

Reason

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits?

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO

Reason

Child Benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?			
Is the SI under age 18?			
If not under 18, is the SI a student attending primary or secondary school under age 19 ?			
Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO		Reason	

Spouse Benefits

Was the SI ever married?

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Spouse Benefits

Was the SI ever married?	
Has the SI ever applied for benefits from current or prior Spouse?	
Did the SI have any marriages that lasted at least 10 years	
Does the SI have a child in-care under age 16 or disabled and receiving benefits?	

Spouse's Name		SSN	
Spouse's Name		SSN	

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO		Reason	

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased?

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO

Reason

Child Benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | Reason

Widow(er) benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Widow(er) benefits

Was the SI ever married?

Has the SI ever applied for benefits from deceased Spouse? | Is the SI disabled?

Did the SI have any marriages that lasted at least 10 years?

Did the SI have a marriage that lasted 9 months that did not end in divorce?

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

Spouse's Name | SSN

Spouse's Name | SSN

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | Reason

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Referral to FO		Reason	

Parent's benefits

Was the SI the Parent of a deceased worker?			
Worker's Name		SSN	
Worker's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO		Reason	

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | **ES Date of Birth**

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Has the ES ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older?

Is the ES insured per PEBES or other queries?

Referral to FO | **Reason**

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Has the ES ever applied for disability benefits on his/her own record?

Is the ES insured per DISCO or other queries?

Referral to FO

Reason

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits?

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | Reason

Spouse's Benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | Reason

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits?

Has the ES ever applied for benefits on the SI's record ? | Is the ES 62 years of age or older?

Have the SI and ES been married for at least one year?

Does the ES have a child in-care under age 16 or disabled and receiving benefits?

Referral to FO | Reason

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for benefits on the Parents'/Grandparents' record?			
Was the ES disabled prior to age 22?			
If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased?			
Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO		Reason	

Widow(er)'s Benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | ES Date of Birth

SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | Reason

Widow(er)'s Benefits

Did the ES have any prior marriages?

Has the ES ever applied for widow(er) benefits from a prior marriage?

Did the ES marry the SI after attaining 60 years of age?

If no, was the ES disabled and married the SI after attaining 50 years of age?

Referral to FO | Reason

BACK | ADD REMARKS | NEXT

FRAUD

FRAUD

ELEMENT 23

My SSR / MSSICS Notes

Is fraud suspected?

Reason

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

EXCLUSIONS

ELEMENT 24

Is this case excluded?

Reason for exclusion

Link to QR section

Privacy Act

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 1611(c)(1), and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed. We will use the information to make a determination on eligibility for benefits. We may also share this information for the purposes, called routine uses:

- To specified Federal and State agencies to prepare information for verification of benefit eligibility under section 1631(e) of the Social Security Act; and
- To a contractor for the purpose of collating, evaluating, analyzing, aggregating or otherwise refining records in this system when Social Security Administration contracts with a private firm.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.
A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0040, entitled Quality Review System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45606, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

CLOSE