

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Annuity			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Other			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Does anyone in your household have impairment related work expenses?			
				If yes, what type of expenses: _____			
				Amount of monthly expenses: \$ _____			
				For whom? _____ Is this person blind? <input type="checkbox"/> Yes <input type="checkbox"/> No			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Does any household member pay anyone else to care for a dependent child or disabled/incapacitated adult so a household member can get to work or training/school? If yes , complete the following information:			
Name		Child or Disabled/ Incapacitated Adult's Name		Care Provider		Payment Amount	How Often

ASSETS OF HOUSEHOLD MEMBERS							
Please mark "yes" or "no" for each type of asset listed.							
TYPE OF ASSET	YES	NO	VALUE				Owner
Vehicles			Model _____	Year _____	Value _____	Amount Owed _____	
			Model _____	Year _____	Value _____	Amount Owed _____	
Home			Value _____		Amount Owed _____		
Do you own property other than your home?			Value _____		Amount Owed _____		
Mobile Home			Model _____	Year _____	Value _____	Amount Owed _____	
Checking Account(s)							
Savings Account(s)							
Money Market Account							
Credit Union							
Cash on Hand							
Christmas Club							
Stocks							
Bonds/Savings Bonds							

TYPE OF ASSET	YES	NO	VALUE				Owner
Certificates of Deposit							
Trust Funds							
IRA/Keogh							
Profit Sharing							
Escrow Account/Home Sale							
Life Insurance			Policy No.:	Date purchased:	Face value:	Cash surrender value:	
Funeral/Burial Funds							
Burial Plots							
Livestock							
Mineral Rights							
Business Equipment			Model _____	Year ____	Value _____	Amount Owed _____	
Farm/Tractor Equipment			Model _____	Year ____	Value _____	Amount Owed _____	
Camper/Trailer			Model _____	Year ____	Value _____	Amount Owed _____	
ATV, 3 Wheeler, UTV			Model _____	Year ____	Value _____	Amount Owed _____	
Boat			Model _____	Year ____	Value _____	Amount Owed _____	
Other Recreational Vehicle			Model _____	Year ____	Value _____	Amount Owed _____	
Personal Collection							
Other							
Other							

NOTE: You may be required to provide additional information and/or verification.

Are any of the assets listed not available to the owner due to joint ownership, court proceedings/orders, etc?

YES ____ NO ____ If "Yes," which assets and why? _____

Are any of the assets listed set aside for burial?

YES ____ NO ____ If "Yes," which assets? _____

Has anyone received a lump sum payment? If "Yes," list person, type and date.

YES ___ NO ___ Name _____ Type of Payment _____ Date _____

Do you or anyone in your household expect to receive any benefits or income, such as, but not limited to, Social Security Benefits, Wages from Employment, Unemployment Benefits, Child Support or Insurance Settlements that you are not now receiving?

YES ___ NO ___ If "Yes," list person, type and expected date of receipt.

Name _____ Type _____ Expected Date of Receipt _____

Has anyone transferred or divested (disposed of), sold, or given away property, income, or any other asset, including vehicles or life insurance or established a trust fund within the last five (5) years (60 months)?

YES ___ NO ___ If yes, Name _____
 Date of Transfer _____ Transferred to _____
 (mm/dd/yy)
 Value of Asset _____ Amount Received _____

Is anyone entitled to or enrolled in Medicare Part A or Part B?

YES ___ NO ___ If "Yes," complete the following information

Person	Medicare Claim Number	Part A Begin Date	Part A End Date	Part B Begin Date	Part B End Date	Premium Amount

I certify that all statements on this form have been read by me or read to me and I understand the questions. I certify that all the information I have given is true and correct and I accept the aforementioned responsibilities.

 Applicant's Signature

 Date Signed

 Co-Applicant's Signature

 Date Signed

 Representative Completing Application Form

 Date Signed