

B.) LIQUID ASSETS - List all business or personal accounts including checking, savings, Credit Union, IRA, KEOGH, retirement or other investment accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

B1 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B2 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B3 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B4 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B.) LIQUID ASSETS Continued:

B5 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B6 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B7 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

B6 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value

C.) MOTOR VEHICLES - List all vehicles such as cars, trucks, motorcycles, campers, boats, or recreational vehicles.

C1 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value

C2 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value

C3 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value

D.) LIFE INSURANCE POLICIES -

D1 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D2 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D3 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D4 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D5 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D6 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

E.) Annuities - List all annuities that are owned.

E1 Company:	
Policy Number:	
Owner:	Annuitant:
Is it an IRA account : Yes or NO	Do you take distributions? Yes or NO
Cash Value:	How often do you take distributions?

E2 Company:	
Policy Number:	
Owner:	Annuitant:
Is it an IRA account : Yes or NO	Do you take distributions? Yes or NO
Cash Value:	How often do you take distributions?

E3 Company:	
Policy Number:	
Owner:	Annuitant:
Is it an IRA account : Yes or NO	Do you take distributions? Yes or NO
Cash Value:	How often do you take distributions?

E4 Company:	
Policy Number:	
Owner:	Annuitant:
Is it an IRA account : Yes or NO	Do you take distributions? Yes or NO
Cash Value:	How often do you take distributions?

F.) OTHER ASSETS - List all other assets, such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

Description	Equity Value
F1	
F2	
F3	
F4	
F5	
F6	
F7	
F8	
F9	
F10	
F11	
F12	
F13	

E. TOTAL COMMUNITY SPOUSE RESOURCE ALLOWANCE - Total all equity values of resources listed in Parts A through E of Section I and list below.

Total Equity Value of
Resources Owned at time Client
Entered Long Term Care.....\$_____

½ of This Amount.....\$_____

If the ½ value is \$23,844 or less, \$23,844 shall be the amount of the community spouse resource allowance for eligibility purposes. If the ½ value is more than \$23,844, the amount of the above value not to exceed \$119,220 is the community spouse resource allowance for eligibility purposes.

Total Community Spouse Resource Allowance \$_____

SECTION II – Resources Owned as of date of Application

*Complete this section only if an application has been filed on behalf of the spouse in long term care and the **current resources and/or equity values differ from those listed in Section I.***

List all resources owned at the present time and the equity value of each. If the resource has been listed in Section I, use the same item number as listed in that section. For example, if a piece of real estate is listed on line A1 of Section I, put "A1" on the description line below. If the resource is not listed in Section I, provide a complete description. Indicate what changed with the asset since month spouse entered long term care. (Attach additional sheets if necessary.)

Note what changed and when it changed with assets from Section I.

A.) REAL PROPERTY - List all real property except the home if occupied by a Spouse.

Legal Description Commonly known address	Names of owners	Equity Value What changed and when.
A1		
A2		
A3		

B.) LIQUID ASSETS - List all business or personal accounts including checking, savings, Credit Union, IRA, KEOGH, retirement or other investment accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

B1 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value:
What changed and when:

B2 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value:
What changed and when:

B3 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value:
What changed and when:

B.) LIQUID ASSETS- continued

B4 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value
What changed and when:

B5 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value
What changed and when:

B6 Type:
Financial Institution:
Owners' Name(s):
Account or Certificate #:
Equity Value:
What changed and when:

C.) MOTOR VEHICLES - List all vehicles such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

C1 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value
What changed and when:

C2 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value
What changed and when:

C3 Year, Make, and Model
Titled Owners:
Account or Certificate #:
Equity Value
What changed and when:

D.) LIFE INSURANCE POLICIES -

D1 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D2 Name of Company:

Policy Number:
Face Value:
Owner:
Cash Value:

D3 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D4 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D.) LIFE INSURANCE POLICIES- continued

D5 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D6 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D7 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

D8 Name of Company:
Policy Number:
Face Value:
Owner:
Cash Value:

E.) OTHER ASSETS - List all other assets, such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

Description	Equity Value
E1	

E2	
E3	
E4	
E5	
E6	
E7	
E8	
E9	
E10	
E11	
E12	
E13	

SECTION III - INITIAL RESOURCE TEST

The amount of resources owned at the time of application in excess of the community spouse resource allowance amount listed in Section I-F shall be considered available to the spouse in long term care for eligibility purposes.

Total Equity Value of Currently Owned
Resources (Total of Values in Parts A
Through E of Section I or II)..... \$

Total Community Spouse Resource

Allowance (Section I-F)..... - \$ _____

Amount to be Considered Available
to Spouse in Long Term Care..... = \$ _____

Person Completing Form: _____

Signature: _____

Date Form Completed: _____