

D. LIFE INSURANCE POLICIES - If the combined face value of all of the life insurance policies each spouse owns is more than \$1,500, list the policies for that spouse below and their cash value. If the combined face value was \$1,500 or less, do not list any of the policies.

| Name of company | Policy Number | Owners | Face Value | Cash Value |
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E. OTHER ASSETS - List all other assets, such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

| Description | Owner(s) | Equity Value |
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F. 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 \$29,724 or less, \$29,724 shall be the amount of the community spouse resource allowance for eligibility purposes. If the ½ value is more than \$29,724 the amount of the above value not to exceed \$148,620 is the community spouse resource allowance for eligibility purposes.

Total Community Spouse Resource Allowance.....\$ _____

SECTION II - RESOURCES OWNED AS OF DATE OF APPLICATION

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. (Attach additional sheets if necessary.)

A. REAL PROPERTY - List all real property currently owned except the home occupied by a spouse.

| Legal Description –commonly Known Address | Names of Owners | Equity Value |
|---|-----------------|--------------|
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B. LIQUID ASSETS - List all business or personal accounts currently owned including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

| Type of asset | Financial Institution | Account or Certificate Number | Name of Owners | Equity Value |
|---------------|-----------------------|-------------------------------|----------------|--------------|
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C. MOTOR VEHICLES - List all vehicles currently owned such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

| Year, make, and model | Type | Titled Owners | Equity Value |
|-----------------------|------|---------------|--------------|
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D. LIFE INSURANCE POLICIES - If the combined face value of all of the life insurance policies each spouse owns is more than \$1,500, list the policies for that spouse below and the cash value. If the combined face value is \$1,500 or less, do not list any of the policies.

| Name of company | Policy Number | Owners | Face Value | Cash Value |
|-----------------|---------------|--------|------------|------------|
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E. Other Assets – List all other assets currently owned such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

| Description | Owner(s) | Equity Value |
|-------------|----------|--------------|
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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 : _____