

APPENDIX D

INCOME/RESOURCES

Note: You only need to complete this form if you are requesting Medicaid for the aged, blind, disabled, long term care or in-home services (CAP).

Complete for yourself, your spouse and your children in the home under age 21 who receive any of the income or own any of the resources listed below. Check all that apply, give the amount, value and account number when applicable.

◆ Tell us about your other income.				
Type of Income		Who Gets It	Amount Received	How Often Received (monthly, weekly, etc)
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Veterans' Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Dividend/Interest Income from Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Income from Promissory Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Workman's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Other Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

◆ Tell us about any real property you own such as land, buildings, time shares, life estates, jointly held real estate, etc., including where you live.	
Owner/Owners	Address Location

NEED HELP WITH YOUR APPLICATION? Contact your County DSS (<http://www.ncdhhs.gov/dss/local/>) or call us at 1-800-662-7030. Para obtener una copia de este formulario en Español, llame 1-800-662-7030. If you need help in a language other than English, call 1-800-662-7030 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-452-2514.



◆ Tell us about your life insurance.

Owner	Company Name/ Address	Policy Number	Face Value	Cash Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$

◆ Tell us about your liquid assets.

Type of Account		Owner	Bank/Company	Account Number	Value
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Pre-Paid Debit	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Trust /Patient Account	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Burial Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
401-K/IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Promissory Note	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Other Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$

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◆ Tell us about your personal property.

TYPE		OWNER	YEAR	MAKE	MODEL	VALUE
Car/Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Car/Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Car/Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Mobile Home	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Motorcycle	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Boat/Boat Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Campers	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Utility Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Other Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$

◆ Tell us about any assets such as cash, streams of income, houses, land, mobile homes, cars, trucks, boats, tractors, etc. that you or your spouse have transferred, sold, or given away in the last 5 years.

What did you or your spouse give away?	Value	Given to Whom?	Their relationship to you?	When?	How much did you receive?
	\$				\$
	\$				\$
	\$				\$
	\$				\$

Signature

Date (mm/dd/yyyy)

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DMA-5202-D