

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
STATE/COUNTY SPECIAL ASSISTANCE**

AGREEMENT TO SELL

Applicant/Recipient's Name		SSN		Address/ Phone	
Description of Each Resource To Be Excluded (Include Address If Real Property)	Name of Owners	Percentage Ownership	Estimated CMV	Amount Owed on Resource If Any	Estimated Net Proceeds From Sale
<p>CONDITIONS OF AGREEMENT: I understand that my resources exceed the amount that I may have to qualify for Special Assistance. I hereby request that I receive Special Assistance benefits while I make reasonable efforts to sell the property listed above at its current market value. Once the Department of Social Services notifies me that this agreement has been approved, I agree to take all necessary steps to sell the resources, and to continue to do so until the resources are sold. I agree to sell the resources for the highest price I can get. I agree to sell the personal property listed above within 3 months of being notified that the agreement is acceptable and the real property listed above within 9 months of being notified that the agreement is acceptable. I agree to notify the Department of Social Services within 5 days of any sale. I further agree to immediately repay all benefits that would not have been received had I sold the resources on the day I applied for benefits. I further understand that if I fail to comply with the terms of this agreement, I will be required to make an immediate refund of all payments received.</p>					
Applicant/Recipient's Signature (Or Representative)		Address/Phone		Date	
Caseworker's Signature		Address/Phone		Date	
Witness Signature		Address/Phone		Date	