

**Application for Assistance
Medicare Assets**

This is an Official Government Record. False or incomplete information given on this form may result in criminal action being taken under Section 37.10 or other sections of the Texas Penal Code.

Federal Requirement: In order to qualify as medically indigent and receive an eligibility discount, Medicare patients must also provide information on their resources.

Accounts

Type of Account	Yes	No	Amount	Name of Bank/Credit Union/Company/ Borrower/ Broker/Executor
1 st Checking			\$	
2 nd Checking			\$	
1 st Savings			\$	
2 nd Savings			\$	
Certificates of Deposit			\$	
Notes (money owed to you), Stocks or Bonds			\$	
Insurance Settlements			\$	
Lawsuit Settlements			\$	
Cash			\$	
Lump Sum Payment			\$	When: _____
Livestock or oil, mineral, gas rights			\$	

Property

Type of Property	Yes	No	How many?	Location	Do you live In It?	Value
House					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor Home					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Houseboat					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Land					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Vehicles

Do you own a vehicle? Yes No

First Car or Truck	Second Car or Truck	Third Car or Truck
Make	Make	Make
Model	Model	Model
Year	Year	Year
Fair market value	Fair market value	Fair market value
Amount still owed	Amount still owed	Amount still owed
Equity value: <i>Equity value equals Fair market value minus Amount still owed.</i>	Equity value: <i>Equity value equals Fair market value minus Amount still owed.</i>	Equity value: <i>Equity value equals Fair market value minus Amount still owed.</i>
Is it an Income producing car/truck?	Is it an Income producing car/truck?	Is it an Income producing car/truck?
Is it used to transport a disabled household member?	Is it used to transport a disabled household member?	Is it used to transport a disabled household member?
Is it a Leased car/truck?	Is it a Leased car/truck?	Is it a Leased car/truck?

Retirement Account

Do you have a retirement account? Yes No

Exclude all retirement accounts or plans established under: Internal Revenue Code of 1986, Section 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18), Federal Thrift Savings Plan, Section 8439, Title 5, United States Code, and Other retirement accounts determined to be tax exempt under Internal Revenue Code of 1986.

Type of Retirement Account	Company Name	Total Amount

Debts and Liabilities

Loans

Type of Loan	Yes	No	Amount Owed?	Name of Creditor/Bank
Vehicle			\$	
Other Owned Property (Non-homestead)			\$	
Other loans			\$	
1 st Credit Card			\$	
2 nd Credit Card			\$	
3 rd Credit Card			\$	
4 th Credit Card			\$	
5 th Credit Card			\$	
6 th Credit Card			\$	
7 th Credit Card			\$	
8 th Credit Card			\$	
9 th Credit Card			\$	
10 th Credit Card			\$	

My/Our answers and statements made are true and correct to the best of my/our knowledge and belief.

Medicare Recipient's Signature: _____

Spouse's Signature: _____

Date: _____