

**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 Sections 31.04, 37.04, 37.10, or other portions 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
Checking			\$	
Savings			\$	
Certificates of Deposit			\$	
Trust Fund			\$	
Notes (money owed to you), Stocks or Bonds			\$	
Insurance or Lawsuit Settlements			\$	
Prepaid Burial Insurance			\$	
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
Value	Value	Value
Income producing car/truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income producing car/truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income producing car/truck? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Retirement Account**

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**

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

**Special Circumstances**

Please explain any special circumstances that you may have if you did not qualify for a discount.

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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: \_\_\_\_\_