

REAL AND PERSONAL PROPERTY—Supplement to Medi-Cal Mail-in Application

Applicant's name: _____ Social security number: _____
First Middle Last

Please fill in the following. You can use additional sheets of paper if more space is needed.

SECTION 1: Financial Institution Accounts—Check the box(es) next to the types of accounts you have.

- | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Banks, Savings/Loans, Credit Union Savings or Checking Accounts | <input type="checkbox"/> Deferred Compensation Annuity | <input type="checkbox"/> Certificate of Deposit (CD) Money Market | <input type="checkbox"/> Trust Fund(s) Mutual Funds |
| <input type="checkbox"/> Retirement Account, <input type="checkbox"/> IRA, <input type="checkbox"/> KEOGH | <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds | <input type="checkbox"/> Other |

Fill in the following:

Owner: _____
 Account number: _____ Current value: _____
 Name of financial institution: _____
 Address: _____

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 Account number: _____ Current value: _____
 Name of financial institution: _____
 Address: _____

Cash or uncashed checks:

Name on the check: _____ Amount: _____

SECTION 2: Real Property/Notes, Mortgages, Deeds of Trust, Sales Contracts

Home (whether you live in it or not), other houses, apartments, ranch, land, buildings, mobile homes, or life estates in or outside of the U.S. or the State of California:

Address or legal description of property: _____

Name of owner: _____

Does anyone live there now? Yes No

How long have they lived there? _____

Name of person living there: _____

Relationship to you: _____

If you do not live there now, do you want to return to that property to live some day? Yes No

(You must notify the county within 10 days of any change in plans for living at the property.)

Is the property currently listed for sale? Yes No

Full value of property (from tax statement): \$ _____

Amount owed: \$ _____

Rent collected each month from the property: \$ _____

SECTION 3: Business—(Check each item "Yes" or "No.")

Business/Self-employment checking/savings account or cash: Yes No

Business equipment, vehicles, tools, inventory, or materials (including livestock, or poultry not for personal use): Yes No

Type of equipment: _____ Name on property: _____

Description of item: _____ Estimated value: \$ _____ Amount owed: \$ _____

Business real property, buildings, leases, licenses: Yes No

Description: _____ Name on property: _____

Estimated value: \$ _____ Amount owed: \$ _____

Expenses on property:

Interest \$ _____ Yearly Monthly

Taxes and assessments \$ _____ Yearly Monthly

Utilities \$ _____ Yearly Monthly

Insurance \$ _____ Yearly Monthly

Upkeep and repairs \$ _____ Yearly Monthly

If you/family member own a life estate property, please fill in the following:

Address: _____

Do you/family member have an income interest in a life estate?

Yes No

Is the life estate producing/giving income? Yes No

Mortgages, promissory notes, deeds of trust, sales contracts:

Held in whose name: _____

Value/balance: _____

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Case Name: _____

Case Number: _____

Worker Number: _____

Date: _____

Verification (List): _____

Verification of Income and Expenses (List): _____

Verification (List): _____

Appraisal Provided: Yes No

Business or Self-employment Verified: Yes No

SECTION 4: Vehicles/Recreational Vehicles

A. List all cars, trucks, motorcycles, airplanes, snowmobiles, or off-road vehicles (even if not running) owned by you or your family. If none, write "none."

Make and Model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale?		Used for Business?	
					Yes	No	Yes	No

B. List any boats, campers (do not include trucks), motor homes, or trailers which are not used as a home and are not taxed as real property by the county.

Make and Model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale?		Used for Business?	
					Yes	No	Yes	No

If you do not agree with the value DMV gives your vehicle(s) listed above in A and B, you may get another estimate of the value from a qualified professional.

SECTION 5: Other—Do you/family member own:

- **Jewelry worth more than \$100** (not wedding/engagement rings or heirloom): Yes No
Listed for sale? Yes No Value: \$ _____ Amount owed: \$ _____ Who owns: _____
- **Household goods or any personal items valued at more than \$500 per item (musical instruments, PC, etc.):** Yes No
Value: \$ _____ Description: _____ Jointly owned Separately owned
- **Mineral rights or mining claims (oil, coal, etc.):** Yes No
Is either listed for sale? Yes No Description: _____ Who owns: _____
Current value: \$ _____ Amount owed: \$ _____ Location: _____
- **Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items:** Yes No
Is it for use of immediate family? Yes No
Description: _____ Who owns: _____ Current value: \$ _____
Amount owed: \$ _____ Location: _____ Purchase price: \$ _____
Purchased for whom: _____ Account number: _____
- **Life insurance:** Yes No
Enter how many policies owned: _____ If more than one, use additional sheet of paper.
Insurance company: _____ Person insured: _____ Policy owned by: _____
Face value: \$ _____ Policy number: _____ Date policy issued: _____ Current cash value: \$ _____
- **Long-term care insurance:** Yes No
Name of insurance company: _____ Policy number: _____
Amount of benefits paid by the insurance company to date: \$ _____ Name on policy: _____
- **Other accounts/items:** Yes No
Name on account/item: _____ Value: \$ _____

SECTION 6: Transfer (Check "Yes" or "No.")

Has anyone closed, given away, transferred, sold, or traded any money, vehicles, or other property like those listed above in the last 30 months? Yes No

If yes, complete the following: Item: _____ Date: _____

- Transferred Sold Traded Closed Given away

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Applicant's signature _____

Date _____

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List Verification/
Estimates of Value/
Encumbrance

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Appraisal Provided:
 Yes No

LTC Insurance Benefit
Summary Provided:
 Yes No

Transfer or Receiving
NF Level of Care?
 Yes No

See MC 176 PI

PRIVACY STATEMENT

- **Medi-Cal Confidentiality Notice:** The information given in this application is private and confidential under Welfare and Institutions Code, Section 14100.2. This information will be disclosed only in accordance with those laws.
- **Medi-Cal Privacy Notice:** This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.)
- **Information required by this form is mandatory,** with the exception of ethnicity information, and any other item marked voluntary or optional.