



(4) **ASSETS**

(Please insert the value of each asset in the appropriate space.)

<b>Assets</b>	<b>Husband</b>	<b>Wife</b>	<b>Joint (list joint owner if not spouse)</b>	<b>Designated Beneficiary, if any</b>
Real Estate Residence Vacation Home				
Other Real Estate				
Checking Acct. *				
Savings Acct. *				
Money Market Acct. *				
Certificate(s) of Deposit *				
Mutual Funds & Brokerage Accts*.				
Stocks & Bonds				
Other				
Liabilities; i.e. Mortgages, etc.				

\* For determinations of Medicaid eligibility, please provide most recent statement for each account

**ANNUITIES\***

Company with Account No.	Owner	Beneficiary	Current Value	Original Cost

\* For determinations of Medicaid eligibility, please provide most recent statement for each annuity.

Are any of the above annuitized in periodic payments?

If so, which ones? \_\_\_\_\_

**IRAs/401Ks\***

Name	Institution	Current Value	Annual Payment	Beneficiary

\* For determinations of Medicaid eligibility, please provide most recent statement for each account

**LIFE INSURANCE**

Company Name & Policy No.	Face Value	Cash Value	Death Benefit	Owner	Insured	Beneficiary

**For determinations of Medicaid eligibility, it is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please check a recent statement, call your insurance agent, or call the insurance company directly.**

Please complete and bring to your appointment or return this form to:

**Karpinski, Stapleton, Galbato & Tehan, P.C.**  
**110 Genesee Street, Suite 200**  
**Auburn, New York 13021**  
**Phone: (315) 253-6219 Fax: (315) 253-6368**



(7) **MONTHLY INCOME**

	<u>Husband's</u>	<u>Wife's</u>
Social Security Benefits	\$ _____	\$ _____
Retirement Benefits (Gross)	\$ _____	\$ _____
VA Benefit	\$ _____	\$ _____
IRA/401k	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Net Rental Income	\$ _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount.

(8) **GIFTS**

Please list gifts made of \$500.00 or more in any one month, to an individual or group of individuals, within the past 60 months.

Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____
Recipient _____	Date _____	Amount \$ _____