

SUPPLEMENT TO STATEMENT OF FACTS (PICKLE ELIGIBILITY DETERMINATION)

Case name	Case number
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Applicant's name

1. Do you (separately, or jointly with another person) own household goods or personal items, including a musical instrument and/or recreational vehicle valued at more than \$500 per item? Yes No If yes, list below:

Item	Total Value of Each Item	Amount Owed on Each Item	Owned Jointly	Owned Separately
			(Check One.)	

a. Is recreational vehicle used as your principal residence? Yes No

b. If yes, is it your only source of transportation? Yes No

2. Do you own one or more vehicles, including boats, motorcycles, snowmobiles, etc? Yes No
If yes, list below.

Vehicle	Blue-book Value	Amount Owed

If yes, list vehicle(s) which is necessary for self-support: _____

3. Do you have a retirement account, such as a KEOGH or IRA account? Yes No

If yes, amount on deposit \$ _____ Account number(s): _____

Name of financial institution _____

Address of financial institution	City	State	ZIP code
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4. Do you have a burial fund (not burial insurance or contract with a funeral home)? Yes No

If yes, amount on deposit \$ _____ Account number(s): _____

Name of financial institution _____

Address of financial institution	City	State	ZIP code
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Applicant/representative signature	Date
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