

# 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 | <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Trust Fund(s) |
| <input type="checkbox"/> Retirement Account, <input type="checkbox"/> IRA, <input type="checkbox"/> KEOGH | <input type="checkbox"/> Annuity               | <input type="checkbox"/> Money Market                | <input type="checkbox"/> Mutual Funds  |
|   | <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: \$ \_\_\_\_\_

#### Expenses on property:

- |                       |          |                                 |                                  |
|-----------------------|----------|---------------------------------|----------------------------------|
| Interest              | \$ _____ | <input type="checkbox"/> Yearly | <input type="checkbox"/> Monthly |
| Taxes and assessments | \$ _____ | <input type="checkbox"/> Yearly | <input type="checkbox"/> Monthly |
| Utilities             | \$ _____ | <input type="checkbox"/> Yearly | <input type="checkbox"/> Monthly |
| Insurance             | \$ _____ | <input type="checkbox"/> Yearly | <input type="checkbox"/> Monthly |
| Upkeep and repairs    | \$ _____ | <input type="checkbox"/> Yearly | <input type="checkbox"/> 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: \_\_\_\_\_

### 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: \$ \_\_\_\_\_

### FOR COUNTY USE ONLY

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 \_\_\_\_\_

**FOR COUNTY USE ONLY**

List Verification/  
Estimates of Value/  
Encumbrance

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Estimates of Value/  
Encumbrance

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.