

Michigan Department of Health and Human Services
APPLICATION FOR HARDSHIP WAIVER

(Please Print)

Submission of this application is necessary to apply for a waiver of the claim due to substantial hardship. Only the applicant's proportionate share of the claim can be waived. An application must be submitted within 60 days of the date stated on the Notice of Intent sent by the Michigan Department of Health and Human Services (MDHHS) to the personal representative or estate contact. All information requested is voluntary; however, failure to completely and accurately provide the information may result in denial of the waiver application. A substantial hardship shall not exist if the hardship resulted from estate planning methods designed to avoid estate recovery. Additionally, no waiver will be granted if it would result in a creditor of lower priority being paid.

Estate of:	Today's Date:
Medicaid ID #:	Total Value of Estate: \$

INSTRUCTIONS

To request an undue hardship waiver, please complete each section of the application and provide all requested documentation. Applications and any supporting documentation should be sent to:

Third Party Liability
P.O. Box 30435
Lansing, MI 48909

Written notification of the determination will be sent to the applicant. If the waiver is granted, the claim is only waived temporarily; once the hardship no longer exists recovery will be pursued. If the waiver is denied, the applicant has 60 days to appeal the decision under the Administrative Procedures Act, MCL § 24.201-24.328. If you have any questions about how to complete this form and what documentation is necessary, please contact the Third Party Liability Division toll-free at 1-844-TPL-MDCH.

CRITERIA FOR HARDSHIP WAIVER

An undue hardship may exist when: (please indicate which is being applied for)

- ☐ The estate asset subject to recovery is the primary source of income for a survivor, such as a family farm or business, and income of the applicant is limited; *or*
- ☐ The estate asset subject to recovery is a home of modest value (i.e. a home with a value no higher than 50% of the average price of homes in the county where the home is located as of the date of the member's death).

In addition, to be eligible for an undue hardship waiver both of following must be true:

1. Total household resources of the applicant do not exceed \$10,000; *and*
2. Total household income of the applicant is less than 200% of the poverty level for a household of the same size.

Effective January 2016, Federal poverty guidelines report 200% of the poverty level as follows*:

Household size	1	2	3	4
Monthly income	\$1,980.00	\$2,670.00	\$3,360.00	\$4,050.00

*Monthly income amounts will be modified annually once updated figures are provided.

AUTHORITY: MCL 400.112g
COMPLETION: Completion is voluntary, but is required for a hardship waiver.

The Department of Health and Human Services is an equal opportunity employer, services and programs provider.

APPLICANT INFORMATION

Applicant's Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth Date: / /	Age:
Street address:		Social Security no.:		Home phone no.: () -		
P.O. box:	City:		State:		ZIP Code:	
Occupation:	Employer:			Employer phone no.: () -		
Applicant's Anticipated Share of Estate (50%, 100%, etc):			%	Relationship to Decedent:		
Marital Status (circle one): Single / Mar / Div / Sep / Wid		Spouse's Last name:		First:		
Spouse's Birth date:	Spouse's Age:	Spouse's Social Security no.:		Spouse's phone no.: () -		
Spouse's Occupation:	Spouse's Employer:			Spouse's Employer phone no.: () -		

MEMBER ASSET INFORMATION

Check all applicable assets and complete all related information. List all assets in which the member had any legal title or interest immediately before or at the time of death, including property conveyed through joint tenancy, tenancy in common, life estate, living trust, annuities, life insurance policies, or retirement accounts. Please attach copies of any deeds, registrations, bank statements, listing agreements/contracts, life insurance policy statements, stocks, bonds, and annuity documentation, etc. Attach additional sheets if necessary.

<input type="checkbox"/> Real Property	Market Value: \$			
	Mortgage Owed: \$			
	Is property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Estate Property Street Address:		City:	State:	Zip:
Is anyone living in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how long have they lived in the property?	Name of person living there:		Relationship to decedent:
Is the estate property the site of an income-producing family business, farm, or ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the year the property was first used as a business and describe the nature of the business:		If yes, is this your primary source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bank Account(s)	<input type="checkbox"/> Checking	Balance: \$	Account No.:	Bank:
	<input type="checkbox"/> Savings	Balance: \$	Account No.:	Bank:
<input type="checkbox"/> Stocks/Bonds/Notes/Other	Type:	Value: \$		Date Purchased:
<input type="checkbox"/> Other	Description:			

APPLICANT'S MONTHLY INCOME

Please attach a copy of the most recent federal and state income tax returns.

Applicant's Net Pay: (attach two month's most recent pay stubs) \$	This amount is paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
Spouse's Net Pay: (attach two month's most recent pay stubs) \$	This amount is paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
Rents Paid to Applicant: (please provide rental agreement) \$	Business Income: (attach profit and loss statement) \$
Social Security/Retirement/Pensions/Annuities: (attach two most recent stubs) \$	Disability: (attach most recent award letter) \$
Public Assistance: (attach award letter) \$	Other Income (dividends, interest, child support, alimony, tips, commissions, etc.) \$ (indicate source and provide documentation)
TOTAL MONTHLY INCOME: \$	

APPLICANT'S ASSETS

Please provide information on assets owned by the *applicant*. Attach additional sheets if needed.

Real Estate: (include personal residence, vacation property, rental property, etc.)

Property #1	Street Address:	City:	State:	Zip:
	Value: \$	Mortgage Balance: \$		
Property #2	Street Address:	City:	State:	Zip:
	Value: \$	Mortgage Balance: \$		

Bank Accounts: (include savings, checking, certificates of deposit, retirement accounts, etc.)
 Attach the most recent statement for each account listed.

Name of Institution:	Account No.:	Type of Account:	Balance: \$
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Motor Vehicles: (include all cars, trucks, motorcycles, boats, recreational vehicles, etc.)

Year, Make, Model:	Date Purchased:	Value: \$	Loan Balance: \$
Year, Make, Model:	Date Purchased:	Value: \$	Loan Balance: \$

Other Assets: (miscellaneous items you own or are currently buying, e.g. stocks, bonds, etc.)

Description:	Date Purchased:	Value:	Loan Balance:

DOCUMENTATION AND CERTIFICATION

All of the information requested in the application is voluntary; however, failure to completely and accurately provide the information may result in denial of the waiver application. Any errors or omissions in the information provided by the applicant that would affect the MDHHS's decision may be a basis for denial of the waiver application.

As appropriate, please include a copy of:

- 1) Decedent's Will showing names of heirs and the percentage of the estate each will receive;
- 2) Deeds to any real property owned by the decedent or the applicant;
- 3) Applicant's most recent federal and state income tax returns;
- 4) Applicant's most recent pay stubs;
- 5) Applicant's most recent bank statements;
- 6) Bank statements of the decedent; and
- 7) Appraisal showing the value of the decedent's real property.

CERTIFICATION

I understand that the statements I have made on this application are subject to investigation and verification. I declare under penalty of perjury, that the statements I have given on this form, to the best of my knowledge, are true and correct.

Signature of Applicant

Date

Print or Type Full Name

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Telephone No.