



**Department of Aging and Disabilities**

Michael Banscher

Director, Housing Program

2666 Riva Road, Suite 400

Annapolis MD 21401

410-222-4464 ext. 3009

<http://www.aacounty.org/Aging>

**County Executive John R. Leopold**

July 1, 2010

Dear Applicant:

Enclosed is an application for the Maryland Department of Aging Senior Assisted Housing Subsidy. This assistance offers up to \$650 per month to eligible residents residing in Assisted Living Program Homes licensed to serve four to sixteen persons. Applicants must be at least 62 years of age and functionally appropriate (as determined by an Adult Evaluation and Review Services Assessment).

Financial eligibility is based upon income and asset tests. Current net monthly income limits are as follows: Individual: \$2,637 Couple: \$3,448, Current asset limits are as follows: Individual: \$11,000 Couple: \$14,000.

Income is to be reported as a gross figure before deductions. **A current bank statement, social security award letter, pension statement, long term care insurance premium statements, etc. must be attached to confirm the itemized amounts. In addition, please attach receipts for all medical expenses and documentation confirming ownership of all assets. All applications must be signed and dated.**

As assets are spent down over time, an applicant may apply, if assets are too high, and meet the eligibility criteria by the time subsidy assistance is available.

A list of approved subsidy providers can be obtained by calling this office at 410/222-4464. All interested applicants will receive an AERS evaluation to confirm functional eligibility.

There is typically a wait period to receive this grant, since the appropriation earmarked to Anne Arundel County fails to meet the demand for financial support for residents residing in assisted living homes.

Please feel free to call with any questions about this application or the eligibility process.

Sincerely,

Michael Banscher  
Housing Program Director

Enclosure



**MARYLAND DEPARTMENT OF AGING  
SENIOR ASSISTED LIVING GROUP HOME PROGRAM  
SUBSIDY APPLICATION**

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Date Application Filed \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_
2. Social Security # \_\_\_\_\_
3. Current Address \_\_\_\_\_  
\_\_\_\_\_
4. Telephone # \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. a. Name of Person Completing Application \_\_\_\_\_  
b. Relationship to Applicant \_\_\_\_\_  
c. Address of Person Completing Application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Telephone # of Person Completing Application \_\_\_\_\_

**7. INCOME**

List **gross monthly income** from all sources. Attach verification of income such as Award letters, bank statements, Form 1099, income tax return, where applicable.

|  |                 |
|--|-----------------|
| Social Security (before Medicare deduction)  | \$ _____        |
| Supplemental Security Income   | \$ _____        |
| Pensions   | \$ _____        |
| Interest on savings/other accounts   | \$ _____        |
| Dividends on stocks/bonds  | \$ _____        |
| Other Income (e.g., rental income, loan collection,<br>alimony, royalties, proceeds from trusts) | \$ _____        |
| <b>TOTAL INCOME</b>  | <b>\$ _____</b> |

**8. MONTHLY MEDICAL EXPENSES**

List out-of-pocket costs for all recurring monthly medical expenses including health insurance premiums, medications. Amortize one time medical expenses (dental work, eyeglasses, hearing aids, etc.) to a monthly amount. Attach verification of expenses.

|                                       |          |
|---------------------------------------|----------|
| Monthly medical expenses              | \$ _____ |
| Less 3% of Total Gross Monthly Income | - _____  |
| Total Allowable Medical Expenses      | \$ _____ |

**9. REAL PROPERTY**

List primary residence owned by Applicant and any rental, vacation or business property in which the Applicant has full or partial ownership. Include a copy of the current property tax assessment for each property.

| Address | Current Value |
|---------|---------------|
| _____   | \$ _____      |
| _____   | \$ _____      |
| _____   | \$ _____      |

Any property other than the primary residence of the Applicant is considered a cash asset and is subject to the asset limits outlined below. A primary residence is defined as that place where the applicant is currently living or lived immediately prior to admission to a Senior Assisted Living Group Home, unless the Applicant is entering directly from a nursing home or hospital. The primary residence will not be considered an asset until one year after the Applicant enters the Senior Assisted Living Group Home, regardless of whether subsidy began at the time of entrance.

**10. ASSETS**

Assets means the net fair market value of all real property (listed above) and personal property excluding one personal automobile, customary household goods, personal effects, and life insurance with a cash surrender value of not more than \$5,000. **NOTE: Trusts must be individually evaluated by the Department to determine consistency with asset policy.**

**10. ASSETS (continued)**

List all personal property including checking and savings account balances, certificates of deposit, stocks and bonds. Attach verification of assets.

| Asset               | Value    |
|---------------------|----------|
| _____               | \$ _____ |
| _____               | \$ _____ |
| _____               | \$ _____ |
| _____               | \$ _____ |
| _____               | \$ _____ |
| <b>Total Assets</b> | \$ _____ |

If line 10 is greater than \$11,000 for an individual or \$14,000 for a couple, the Applicant is not eligible for a subsidy.

***AFFIRMATION***

I AFFIRM THAT THE INFORMATION PROVIDED BY ME IN THIS SUBSIDY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
Signature , Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Applicant if signed by someone other than the applicant

***AUTHORIZATION TO OBTAIN RECORDS***

I HEREBY AUTHORIZE \_\_\_\_\_ TO OBTAIN ALL REQUIRED DOCUMENTATION TO VERIFY MY ELIGIBILITY FOR SUBSIDY AND OTHER STATE AND FEDERALLY FUNDED PROGRAMS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This authorization must be signed by the applicant or a person who has a power of attorney or guardianship to handle the financial affairs of the applicant.

**FOR OFFICE USE ONLY**

Check one:

- Approved for SALGH Subsidy
- Not Approved for SALGH Subsidy
- Approved, but placed on subsidy waiting list

\_\_\_\_\_  
Signature/Date

J:\sal\sr.asst.living group home subsidy application-12-27-99.