

REPORT NAME: LIS REPORT

REPORT NO.: FIF66801-01

DATE: 02/14/2023

COUNTY: 201

SSN: [REDACTED]

DCN: NO MATCH

NAME

[REDACTED]

[REDACTED]

[REDACTED]

CLAIM#(HICN) DOB

[REDACTED]

[REDACTED]

GENDER

[REDACTED]

APPLICATION DATE

11/01/2022

SPOUSE SSN:

SPOUSE DCN:

NAME

CLAIM#(HICN) DOB

00/00/0000

ADDRESS: 2207 [REDACTED]

PHONE NO: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

BURIAL EXPENSE: \$1500

BURIAL EXPENSE SPOUSE: \$0

CHECK QUESTION 3:

RESOURCES: CODES; 1-BANK, 2-STOCKS, 3-CASH, 4-REAL ESTATE

\$0.00 (1)

\$0.00 (2)

\$0.00 (3)

\$0.00 (4)

TOTAL HOUSEHOLD RESOURCES: \$0.00

INCOME: CODES; 1-SOCIAL SECURITY, 2-RR, 3-VA, 4-PENSIONS, 5-OTHER, 6-WAGES BENEFICIARY, 7-WAGES SPOUSE,
8-NET EARNINGS, 9-NET EARNINGS SPOUSE, 10-NET LOSSES, 11-NET LOSSES SPOUSE

PARTICIPANTS INCOME \$1,665.10 (1) \$0.00 (2) \$0.00 (3) \$0.00 (4)

\$0.00 (5) \$0.00 (6) \$0.00 (8) \$0.00 (10)

SPOUSE INCOME \$0.00 (7) \$0.00 (9) \$0.00 (11)

HOUSEHOLD INCOME TOTAL: \$1,665.10

NOTE: RESOURCE AND INCOME INFORMATION MAY NOT BE AVAILABLE BASED ON ANSWERS GIVEN BY PARTICIPANTS ON
THE LIS APPLICATION.