

Iowa Department of Human Services

**STATE SUPPLEMENTARY ASSISTANCE AGREEMENT TO REPAY CONDITIONAL BENEFITS**

I, \_\_\_\_\_, am applying for conditional benefits  
client

under the State Supplementary Assistance program according to terms of the Agreement to Sell Excess Property, which I signed. In order to be eligible for State Supplementary Assistance under conditional benefits, I agree to repay the State Supplementary Assistance granted within the conditional period as specified on the Agreement to Sell Excess Property.

The amount of repayment is determined by adding the amount of the proceeds from the sale of the resource to the value of my other resources at the beginning of the conditional period and subtracting the State Supplementary Assistance resource limit. Then this amount is compared to the State Supplementary Assistance received in this period. The lower amount is the amount that must be repaid.

I will report the sale of the resource listed in the Agreement to Sell Excess Property, within 10 days. I will be notified of the repayment amount when my resource is sold. I will make the repayment immediately after the notification.

Signatures

Client	Date	Spouse	Date
<input type="checkbox"/> Representative	<input type="checkbox"/> Guardian	<input type="checkbox"/> Conservator	Date
Sponsor	Date		