Iowa Department of Human Services

AGREEMENT TO SELL EXCESS PROPERTY

Date of Agreement	
I,, acknowledge that I own the following	resource:
which value exceeds the resource limits for Medicaid or State Supplementations. I understand that this property is considered to be an available have been informed that the property can temporarily be exempt if I agree following, and I understand that if I fail to comply with the terms of the large terms are required to refund assistance granted under this agreement:	resource. I e to the
 As a condition of eligibility, I agree to take all necessary and to sell the property. 	proper steps*
2. I agree to sell the resource for the highest price possible.	
 I agree and understand that if I refuse a reasonable offer, then will become countable toward program resource limits. A reasona an offer that is 2/3 of the estimated current value as determine terested real estate broker. 	ble offer is
 I will report refusing an offer within 10 days of the offer and within 10 days of receiving the proceeds of the sale of the prop 	will report erty.
5. I will be granted eligibility under conditional provisions for t program:	he following
State Supplementary Assistance Medicaid	
6. The time limits that the property is exempt are:	
9 months for real property 3 months for perso	onal property
SSI eligibility was granted under conditional benefit and the has already started. The remaining time is months.	nis time period
*Necessary and proper steps to sell the property include that the proper fully advertised or listed with an agency for the sale with lapses of no week in the sale attempt, unless good cause is proven.	ty will be more than one
I have entered into this agreement voluntarily. The property will be ex	cempt beginning
The exemption shall end as stated above	.
Signatures	
Client Date Spouse	Date
Representative Guardian Conservator	Date
Sponsor	Date

470-2909 (7/92) White: Client Yellow: Case file