

# JUSTICE IN AGING

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FIGHTING SENIOR POVERTY THROUGH LAW

## In-Kind Support and Maintenance in the Supplemental Security Program

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- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems with getting on to the webinar? Send an e-mail to [trainings@justiceinaging.org](mailto:trainings@justiceinaging.org).
- Slides and a recording are available at Justice in Aging - Advocates Resources - Trainings: [justiceinaging.org/resources-for-advocates/webinars](https://justiceinaging.org/resources-for-advocates/webinars). See also the chat box for this web address.

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

# About Community Legal Services

Founded in 1966 by the Philadelphia Bar Association, Community Legal Services (CLS) has provided free civil legal assistance to more than one million low-income Philadelphians. As the City's oldest and largest legal services program, CLS represented approximately 10,000 clients in the past year. CLS assists clients when they face the threat of losing their homes, incomes, health care, and even their families. CLS attorneys and other staff provide a full range of legal services, from individual representation to administrative advocacy to class action litigation, as well as community education and social work. CLS is nationally recognized as a model legal services program.

For more information, visit [www.clsphila.org](http://www.clsphila.org).

# Introduction

- What is Supplemental Security Income (SSI)?
- What counts as income for SSI?
- What is In-kind Support and Maintenance (ISM)?
- How do the ISM rules work?
- How can individuals avoid ISM reductions and receive more benefits?

# Glossary

- CMV = Current Market Value
- ISM = In-kind Support and Maintenance
- PMV = Presumed Maximum Value
- POMS = Program Operations Manual System
- SSI = Supplemental Security Income
- VTR = Value of 1/3 Reduction

# Glossary

- GA = General Assistance
- SNAP = Supplemental Nutrition Assistance Program (food stamps)
- TANF = Temporary Assistance for Needy Families
- VA = Department of Veterans Affairs

# Supplemental Security Income (SSI)

What is the Supplemental Security Income program?

What counts as income for SSI?



# Supplemental Security Income

- Title XVI of the Social Security Act
- Federal program administered by the Social Security Administration (SSA)
- “Means-tested” program - income and resource limits
- Basic-needs level income for aged, blind, or individuals with disabilities

# Basic Eligibility

- **Specific Category**
  - Blind or disabled, or
  - Aged 65 or older
- **Income/Resources**
  - Limited income, and
  - Limited resources
- **Status**
  - U.S. citizen, or in one of limited categories of immigrants

# Income

- **Anything received:**
  - In cash or
  - In-kind, that can be used to meet needs for food and shelter
- **Types of income**
  - Earned income
  - Unearned income (aka general income)
  - In-Kind Support and Maintenance (ISM)

# In-Kind Support and Maintenance

What is In-Kind Support and Maintenance (ISM)?

# In-Kind Support and Maintenance

- 20 C.F.R. §§ 416.1130 – 416.1148
- POMS SI 00835.000 et seq.:
  - Living Arrangements and In-kind Support and Maintenance
  - <https://secure.ssa.gov/apps10/poms.nsf/Inx/0500835000>

# In-Kind Support and Maintenance



Food



Shelter

# In-Kind Support and Maintenance

- Food/shelter that someone else (other than the SSI recipient) pays for
- MAJOR EXCEPTION: food or shelter based on need provided by nonprofits; HUD subsidies



# ISM Rules

How does ISM work?



# Value of 1/3 Reduction (VTR)

- Living in the household of another who provides food and shelter
- Rules applies in full or not at all
- Applies only where SSI recipient does NOT have a rental liability

POMS SI 00835.200

# VTR Example



# One Third Reduction Rule (VTR)

## Exceptions:

- Paying Fair Share of Household Expenses
- Public Assistance Household

# What are Household Expenses?

- Rent
- Mortgage
- Taxes
- Insurance (if required by mortgage co.)
- Utilities - Water; Gas; Electric; Trash; Sewer; Heating fuel
- **NOT** Phone

POMS SI 00835.465 (D)

# Form SSA-8006-F4

SOCIAL SECURITY ADMINISTRATION

Form Approved  
OMB No. 0950-0174

## STATEMENT OF LIVING ARRANGEMENTS, IN-KIND SUPPORT AND MAINTENANCE

CLAIMANT'S/RECIPIENT'S NAME (Print, first, middle initial, last)		CLAIMANT'S/RECIPIENT'S SOCIAL SECURITY NUMBER
CLAIMANT'S/RECIPIENT'S SPOUSE'S NAME (Print if spouse applying or receiving benefits)		SPOUSE'S SOCIAL SECURITY NUMBER
DATE OF CHANGE OF LIVING SITUATION (if applicable)	TYPE OF CHANGE (Change of residence, household composition, contribution amount, etc.)	
THIS SSA-8006-F4 COVERS THE PERIOD BEGINNING _____		THROUGH _____

### PART I

**Initial Claims:** Complete Part I when a change in living arrangement occurs after claim is filed and claim is pending.  
**Posteligibility:** Complete Part I when response(s) to questions on the SSA-8202 (short form Statement for Determining Continuing Eligibility for Supplemental Security Income Payments) require additional living arrangement development.

1. CHECK THE BLOCKS WHICH BEST DESCRIBE YOUR LIVING ARRANGEMENTS

A. I live (with):

<input type="checkbox"/> Alone	<input type="checkbox"/> Eligible spouse	<input type="checkbox"/> Ineligible spouse	<input type="checkbox"/> Parent(s)
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Essential person	<input type="checkbox"/> Other people	<input type="checkbox"/> Sponsor

B. I live in a:

<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Room (Commercial establishment)
<input type="checkbox"/> Room (private home)	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Other (specify)

C. Total number of people in household (including yourself) \_\_\_\_\_

2. CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED.

A. Do you (and/or your spouse, or deemor) own or are you (and/or your spouse, or deemor) buying the home you live in? If "yes", go to question 3.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Do you (and/or your spouse, or deemor) rent the place where you live? If "yes," go to D.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Does anyone who lives with you rent the place where you live? If "no," go to question 3.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Are you or anyone you live with related to the landlord (landlord's spouse)? If "yes," indicate relationship _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

E. If you answered "yes" to B. or C., provide the following information:

LANDLORD'S NAME	LANDLORD'S ADDRESS	
LANDLORD'S PHONE NUMBER	DATE RENTAL AGREEMENT BEGAN month : year	MONTHLY RENTAL AMOUNT \$

Form SSA-8006-F4 (3-94)

Printed on recycled paper

<b>3.</b>	<b>DOES ANY AGENCY, ORGANIZATION OR ANYONE WHO DOES NOT LIVE WITH YOU PAY, OR HELP YOU PAY FOR ANY OF THE FOLLOWING ITEMS: FOOD, RENT, HOME MORTGAGE PAYMENTS, PROPERTY INSURANCE (IF REQUIRED BY MORTGAGE HOLDER), REAL PROPERTY TAXES, HEATING FUEL, GAS, ELECTRICITY, GARBAGE REMOVAL, WATER AND/OR SEWER BILLS?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
If "yes," please provide the following information about each item you receive, then go to question 4.							
<b>NAME, ADDRESS AND TELEPHONE NUMBER OF CONTRIBUTOR.</b>							
<b>ITEM</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>FREQUENCY OF PAYMENT</b>	<b>IN CASH</b>	<b>IN KIND</b>	<b>DOLLAR VALUE</b>
<b>4.</b>	<b>IF YOU DO NOT LIVE WITH OTHERS, SKIP TO PART III. IF YOU LIVE WITH OTHERS, DO ALL THE OTHER HOUSEHOLD MEMBERS RECEIVE SOME TYPE OF PUBLIC PAYMENT BASED ON NEED (e.g., AFDC, BIA, SSI, VA)?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If "Yes," indicate from which agency, then go to Part III. If "No," go to Part II.				AGENCY NAME _____			

**PART II**

Complete Part II when individual lives with at least one person other than, or in addition to, spouse, child(ren), or person whose income may be deemed to the individual.

<b>1.</b>	<b>CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS OR PROVIDE THE INFORMATION REQUESTED.</b>						
<b>A. Do you eat all your meals out?</b> If "Yes," go to C. If "No," go to B.		<input type="checkbox"/> YES					<input type="checkbox"/> NO
<b>B. Do you buy all of your food separately from other household members?</b>		<input type="checkbox"/> YES					<input type="checkbox"/> NO
<b>C. How much is your average cash contribution per month toward the household expenses listed in 4. below.</b> _____		\$	_____				
<b>D. Do you have an agreement to pay back the people you live with for your share of the household expenses?</b>		<input type="checkbox"/> YES					<input type="checkbox"/> NO
<b>2.</b>	<b>IF YOU OR YOUR SPOUSE OWN OR RENT, SHOW THE TOTAL MONTHLY CASH CONTRIBUTIONS FROM OTHERS WITH WHOM YOU LIVE:</b>						\$ _____
<b>3.</b>	<b>CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED ONLY IF YOU ANSWERED "NO" TO BOTH QUESTIONS 1.A. AND 1.B. AND YOU DO NOT OWN OR RENT THE PLACE WHERE YOU LIVE.</b>						
<b>A. Is part or all of the amount in question 1.C. just for food?</b> _____		<input type="checkbox"/> YES					<input type="checkbox"/> NO
<b>B. Is part or all of the amount in question 1.C. just for shelter?</b> _____		<input type="checkbox"/> YES					<input type="checkbox"/> NO
		HOW MUCH?	_____				
		\$	_____				
		HOW MUCH?	_____				
		\$	_____				

4. WHAT IS THE AVERAGE MONTHLY AMOUNT OF THE FOLLOWING HOUSEHOLD CASH EXPENSES FOR THE PERIODS INDICATED?

CASH EXPENSES	FROM	THROUGH	FROM	THROUGH	FROM	THROUGH
Food (Complete only if both 1.A. and 1.B. above are answered "no")	\$		\$		\$	
Mortgage or rent						
Property insurance (if required by mortgageholder)						
Real property taxes						
Heating fuel						
Electricity						
Gas						
Water						
Sewer						
Garbage removal						
<b>Total</b>	\$		\$		\$	

REMARKS: You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed SSA-795.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The Paperwork Reduction act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

**TIME IT TAKES TO COMPLETE THIS FORM**

We estimate that it will take you about 7 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.

**PART III**

**YOUR RESPONSIBILITIES:** Anyone who knowingly and willfully makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both.



Do you understand that the information provided is subject to verification and do you authorize sources to release to the Social Security Administration information needed to verify your statements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that if there is any change in the information you have provided on this statement that you must report it to the Social Security Administration because your eligibility or benefit amount could be affected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that failure to report any change could result in a penalty to you of \$25 to \$100 if the report is not made within 10 days after the end of the month in which the change occurred?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you affirm that all the information you gave in this document or in support of it is true?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**COLLECTION AND USE OF INFORMATION FROM YOUR STATEMENT OF LIVING ARRANGEMENTS  
PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE**

The Social Security Administration (SSA) is authorized to collect the information on this form under section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383) (e). While it is not mandatory for you to furnish the information on this form to SSA, failure to provide all or part of the information could prevent an accurate and timely decision on your claim and could result in the loss of some payments. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

Although the information you furnish on this form is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental-agency as follows: 1) to enable a third party or an agency to assist SSA in establishing rights to supplemental security income payments 2) to comply with Federal laws requiring the release of information from SSA records (e.g., to the Veterans Administration) and 3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social programs (e.g., to the Bureau of the Census and private concerns under contract to SSA).

**SIGNATURES**

YOUR SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)	DATE (MONTH, DAY, YEAR)
<b>SIGN HERE</b> 	
SPOUSE'S SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (INCLUDE AREA CODE)
<b>SIGN HERE</b> 	
MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE)	

CITY AND STATE	ZIP CODE	ENTER NAME OF COUNTY (IF ANY)
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**NOTE:** If residence address is different from mailing address, show in "Remarks".

This statement does not ordinarily have to be witnessed. If however, you have signed by mark (X), two witnesses to the signing who know you must sign below, giving their full address.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP CODE)



# Public Assistance Household

- SSI
- TANF
- GA
- VA benefits based on need
- NOT Food Stamps (SNAP); Medicaid

POMS SI 00835.130

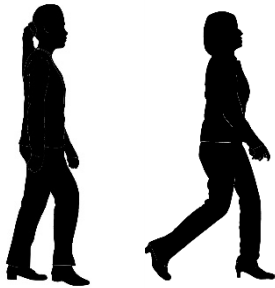
# Presumed Maximum Value (PMV)

- Claimant gets ISM, but VTR rule does not apply
- Maximum Reduction up to One-Third of Federal Benefit Rate, plus \$20
- Rebuttal - Current Market Value (CMV) of ISM less payment made by claimant
  - No special form

POMS SI 00835.300

# PMV Example

Susan (SSI Recipient) and  
Rhonda (Roommate/Friend)



\$1,000 Rent



Susan Pays: \$300  
Rhonda Pays: \$700

# PMV Example

- Susan's "fair share" of the rent would be half, or \$500
- Susan instead pays \$300, so SSA considers her to be receiving \$200 of in-kind support and maintenance
- BUT, SSA will actually deduct \$180 from her SSI benefit
  - (Wait a minute...why not \$200?)

# Dealing with ISM

How can individuals avoid ISM and receive more benefits?

# Relative as Landlord Form

Are you the landlord for the residence at \_\_\_\_\_?

1.  Yes Go on to item 2.  
 No Complete item 6 below and return this form in the enclosed envelope.

Is \_\_\_\_\_ the person you hold responsible for payment of the rent for this residence?

2.  Yes  
 No

3. How much rent do you charge? \$ \_\_\_\_\_ per \_\_\_\_\_ (month or week)

4. If someone other than \_\_\_\_\_ rented this residence, how much would you charge? \$ \_\_\_\_\_ per \_\_\_\_\_ (month or week)

If the amount you wrote in Item 3 is less than the amount you wrote in Item 4, why do you charge less rent? (Explain)

5. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Address: STREET \_\_\_\_\_ PHONE (include area code) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Signature \_\_\_\_\_ DATE \_\_\_\_\_

FORM SSA-L5061 (8-1996) EF (8-2000)

POMS SI 00835.382 Form SSA-L5061

# Loan of ISM

- POMS SI 00835.482 Loans of In-Kind Support and Maintenance
- Social Security Ruling 92-8p
  - [https://www.ssa.gov/OP\\_Home/rulings/ssi/03/SSR92-08-ssi-03.html](https://www.ssa.gov/OP_Home/rulings/ssi/03/SSR92-08-ssi-03.html)
- Caveat: Loan cannot be contingent

# Loan of Shelter

- SSA-5062
  - Claimant's statement about loan of shelter
  - <https://www.reginfo.gov/public/do/DownloadDocument?objectID=57089800>
- SSA-5063
  - Statement of "lender" about loan of shelter
  - <https://secure.ssa.gov/apps10/poms/images/SSA/L/G-SSA-L5063-F3-2.pdf>



# Temporary Absences

- 20 C.F.R. § 416.1149
- POMS SI 00835.041 – 00835.043

# Homeless Individuals

- POMS SI 00835.060
- Homeless individuals are not a member of a household, nor a resident of an institution

# Special Circumstances

- Children
- Age 18 Redeterminations
- Residents of public institutions

# Contact Information

- Kate Lang, Justice in Aging
  - [klang@justiceinaging.org](mailto:klang@justiceinaging.org)
  - (202) 683-1997
- John Whitelaw, Community Legal Services of Philadelphia
  - [jwhitelaw@clsphila.org](mailto:jwhitelaw@clsphila.org)
  - (215) 227-2403

# Case Consultations

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at [NCLER@justiceinaging.org](mailto:NCLER@justiceinaging.org).