



QUALIFIED INCOME TRUST INTAKE FORM

Date: _____

Settlor : _____

Settlor's SSN : _____

Trustee : _____

Signor : _____

As: A-I-F | Guardian | Spouse | Other: _____

Signor's SSN : _____

Signor's Phone : _____

Signor's Address : _____

Successor Trustee 1 : _____

Successor Trustee 2 : _____

Beneficiaries (after Medicaid) : _____

Initial Funding Requirements : _____

INCOME & ASSETS

Date	Item & Description	Value/ frequency
_____	Social Security	\$ _____ /mo
_____	Retirement Pension	\$ _____ /mo
_____	Annuity	\$ _____ /mo
_____	_____	\$ _____ /
_____	_____	\$ _____ /
_____	_____	\$ _____ /
	TOTAL:	\$ _____