## **EQUITY STATEMENT** (House/Condominium/Co-Op Apartment)

The (	Human Resources Administration Medical Assistance Program		
New York	MAP-2050J	12/18/06	

	DATE:			***************************************
CASE I	CASE NAME:			
•				
SECTION I		•		
I, (Print Name)	am the owner/joint owner of a:			
☐ House ☐ Condominium Apartment				
☐ Co-op Apartment: Is apartment government subsidized?	☐ Yes	□ No		
The above is my primary residence, located at:was purchased in (year)				and
If joint owner, complete below.				
Name and %of ownership #2:	Relationship to you:			
Name and %of ownership #3:				
SECTION II				
I live: ☐ Alone ☐ With my spouse ☐ With my child/children ☐ ☐ Other		oouse and n	my child/childre	eņ
If you live with your children:				
(a) What is the age of your youngest child? (b) Are any	of your chile	dren disabl	ed? □ Yes	□ No
SECTION III				
(a) Market value of home/condominium/co-op apartment:			\$	
(b) Outstanding mortgage balance(s)	\$			
(c) All other liens	\$			
(d) Total liens and mortgages (add columns b and c)			\$	
(e) Equity Value (subtract column d from column a)			\$	
ALL INFORMATION VOLUDEOURDE LE CUE LECT TO L	NDEDENDE	NT VEDIC	ICATION	
ALL INFORMATION YOU PROVIDE IS SUBJECT TO I	NUEPENUE	INI VERIF	ICATION	
I certify that the answers I have given are true and comp	lete to the l	est of my	knowledge.	

Signature of Consumer/Representative: \_\_\_\_\_\_\_Date: \_\_\_\_\_\_