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.

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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.
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/lnx/0500835000](https://secure.ssa.gov/apps10/poms.nsf/lnx/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
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)

**Justice in Aging**

**Fighting Senior Poverty Through Law**
Form SSA-8006-F4

STATEMENT OF LIVING ARRANGEMENTS, IN-KIND SUPPORT AND MAINTENANCE

CLAIMANT/RECIPIENT'S NAME (Print, sign, and date below)  

CLAIMANT/RECIPIENT'S SOCIAL SECURITY NUMBER

CLAIMANT/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 question(s) on the SSA-5202 (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):

- [ ] Alone
- [ ] Eligible spouse
- [ ] Ineligible spouse
- [ ] Parent(s)
- [ ] Child(ren)
- [ ] Essential person
- [ ] Other people

B. I live in a:

- [ ] House
- [ ] Apartment
- [ ] Room (Commercial establishment)
- [ ] Room (private home)
- [ ] Mobile home
- [ ] 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 deceased) own or are you (and/or your spouse, or deceased) buying the home you live in? If "yes", go to question 3.

- [ ] YES
- [ ] NO

B. Do you (and/or your spouse, or deceased) rent the place where you live? If "yes," go to D.

- [ ] YES
- [ ] NO

C. Does anyone who lives with you rent the place where you live? If "no," go to question 3.

- [ ] YES
- [ ] NO

D. Are you or anyone you live with related to the landlord (landlord's spouse)?

- [ ] YES
- [ ] 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

MONTHLY RENTAL AMOUNT

Form SSA-8006-F4 (3-94)
3. 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?

If "yes," please provide the following information about each item you receive, then go to question 4.

<table>
<thead>
<tr>
<th>Item</th>
<th>Name, address and telephone number of contributor</th>
<th>Frequency of payment</th>
<th>In cash</th>
<th>In kind</th>
<th>Dollar value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NAME</td>
<td>ADDRESS</td>
<td>TELEPHONE NUMBER</td>
<td>PAYMENT</td>
<td></td>
</tr>
</tbody>
</table>

4. 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, SSI, SSA)?

If "yes," indicate from which agency, then go to Part III. If "no," go to Part II.

**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.

1. Check "yes" or "no" to the following questions or provide the information requested.

   A. Do you eat all your meals out?
      If "yes," go to C.
      If "no," go to B.

   B. Do you buy all of your food separately from other household members?

   C. How much is your average cash contribution per month toward the household expenses listed in 4. below.

   D. Do you have an agreement to pay back the people you live with for your share of the household expenses?

2. If you or your spouse own or rent, show the total monthly cash contributions from others with whom you live:

   $  

3. 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.

   A. Is part or all of the amount in question 1.C. just for food?

   B. Is part or all of the amount in question 1.C. just for shelter?

Form SSA-8998-P4 (3-04)
4. WHAT IS THE AVERAGE MONTHLY AMOUNT OF THE FOLLOWING HOUSEHOLD CASH EXPENSES FOR THE PERIODS INDICATED?

<table>
<thead>
<tr>
<th>CASH EXPENSES</th>
<th>FROM</th>
<th>THROUGH</th>
<th>FROM</th>
<th>THROUGH</th>
<th>FROM</th>
<th>THROUGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (Complete only if both 1.A. and 1.B. above are answered &quot;no&quot;)</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mortgage or rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property insurance (if required by mortgageholder)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real property taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating fuel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
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</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage removal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**REMARKS:** You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a separate sheet of paper.

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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 21236-0001. 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 the Social Security Administration information needed to verify your statements?  □ YES □ 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?  □ YES □ 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?  □ YES □ NO

Do you affirm that all the information you gave in this document or in support of it is true?  □ YES □ 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 1651(a) of the Social Security Act, as amended (42 U.S.C. 1383) (c). 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 security 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)

SIGN HERE ▶

SPONSOR'S SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)

SIGN HERE ▶

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE)

CITY AND STATE

ZIP CODE

ENTER NAME OF COUNTY (IF ANY)

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

ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP CODE)

2. SIGNATURE OF WITNESS

ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP CODE)

Form SSA-2009-64-5 (2-54)
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you the landlord for the residence?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Is the person you hold responsible for payment of the rent for this residence?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>How much rent do you charge?</td>
<td>$ per (month or week)</td>
</tr>
<tr>
<td>If someone other than the landlord rented this residence, how much would you charge?</td>
<td>$ per (month or week)</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

Address: [STREET] [CITY] [STATE] [ZIP Code]  
Signature: [Signature]

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

- **SSA-5063**
  - Statement of “lender” about loan of shelter
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
  - (202) 683-1997

• John Whitelaw, Community Legal Services of Philadelphia
  - 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.