



Documenting In-Kind Support and Maintenance (ISM)

For Supplemental Security Income (SSI) Claimants

Name: _____

DOB: _____

SSN: _____

SSI Application date: _____

Below, please document details regarding in-kind support and maintenance (ISM) provided to the above-named SSI claimant. This support may include, but is not limited to, money provided for rent or mortgage payments, housing or shelter provided at no cost, utility payments, room rent, real property taxes, heating fuel, gas, electric, sewerage, and garbage collection service. (Note: Food, Meals, and Clothing are NOT considered ISM)

Date of provision/receipt: _____

Description of Services/Goods provided: _____

Current Market Value (CMV)* of the Services/Goods: _____

**The price of an item on the open market in your locality*

Payment (if any) made by the claimant: _____

The Services/Goods benefited whom? (Check one): _____ Only the claimant _____ Entire household

Contact Information for the person/entity providing the Services/Goods

Name of person/entity: _____

Address: _____

Phone number: _____

Signature: _____



Date:
