



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
GOOD FAITH EFFORT TO SELL DECLARATION

CASE NAME	DCN/SSN
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I/We, _____, understand that due to the value of the property that I own (listed below), I am ineligible for MO HealthNet due to excess resources. This does not apply to the home where I live or other property that is allowed to be exempted (such as property that is part of my/our business or trade).

I am/We are making a good faith effort to sell the property shown above at the fair market value (FMV). I would like the property to be excluded from my available resources while I continue to make efforts to sell the property. This exclusion will begin the first month in which I was eligible for MO HealthNet AND my property was listed for sale. This exclusion will last until my property has sold.

I/We agree to list the property as for sale at the FMV price for at least 12 months. I/We understand the 12 month conditional period begins when the first month I am eligible for MO HealthNet AND the property is listed for sale. If after the 12 month conditional period, the property has not sold for FMV, I understand that I can sell the property for less than FMV, but not less than 75% of FMV.

I/We understand that selling the property for less than FMV, or 75% of the FMV after the conditional period, will result in a transfer of property penalty.

I/We understand that the proceeds of the sale will be considered as an available resource the month after the sale is completed and will be subject to resource limits.

I/We agree to report to Family Support Division, within 10 days of any action including: the sale of the property, any offers made on the property that did not result in a sale, changes to the FMV of the property, changes to the selling real estate agent, any action taken by the courts to force a sale, any change to the ownership of the property (such as the sale/death of a joint owner), or any other changes to the property that affect the value and/or sale of the property.

Information about the property:

- Date I/we purchased or received the property _____
- Fair Market Value (provide proof of how you arrived at this amount) _____
 Choose One:
 ___ I/We have not listed the property for sale, but I/we will list the property and provide verification. I understand that the property will not be excluded until I provide proof that it has been listed for sale at FMV.
 ___ The property has been listed for sale:
 - Date property was listed for sale: _____
 - Have there been any changes in sale price since property was listed? Yes or No
 - If yes, please provide previous sales prices and dates.
 - I/We agree to keep the property listed for sale while I am on MO HealthNet. I/We have listed the property:
 - ___ with a real estate agent (provide proof)
 - Agent Name _____
 - Agent Phone Number _____
 - Agent Address _____
 - ___ as "For Sale By Owner" on the following websites, newspapers, other For Sale by Owner resources (provide proof):

Signature of Participant or Participant's Parent if the Participant is a Minor	DATE
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Signature of Spouse/Second Parent	DATE
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