

Illinois Department on Aging
2008 Schedule B Qualified Additional Residents

Attach to claimant's Form IL-1363.

Who is a qualified additional resident?

A qualified additional resident is an individual, other than your spouse,

- who lived with you in the **same residence** in 2008 **and** in 2009 at the time you file your 2008 Form IL-1363; and
- for whom you, or you and your spouse, provided **more than half** of that person's total financial support in 2008; and
- who is not filing a separate 2008 Form IL-1363.

Note Qualified additional residents are not eligible for prescription drug coverage or the monthly rebate under the Illinois Cares Rx program.

Step 1: Tell us about your qualified additional residents. Please print.

A -----

1 Social Security number

2 Name _____
First MI Last

3 Birth date
Month Day Year

4 Relationship to claimant _____

B -----

5 Social Security number

6 Name _____
First MI Last

7 Birth date
Month Day Year

8 Relationship to claimant _____

Step 2: Figure the total of your qualified additional residents.

9 Write the total number of persons you are reporting in Step 1. 9

Step 3: Claimant sign below.

Under penalties of perjury, I certify that the individuals listed in Step 1 are qualified additional residents for whom I, or my spouse and I, provided more than half of their total financial support in 2008, and that these individuals lived with me in the same residence in 2008 and in 2009 at the time I filed my 2008 Form IL-1363.

10 _____ / /
Claimant's signature Date

11
Claimant's Social Security number

Step 4: Qualified additional residents sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of my tax returns for the limited purpose of confirming claimant's eligibility for benefits.

12 _____ / /
Signature of person named on Line 2 Date

13 _____ / /
Signature of person named on Line 6 Date

Line-by-line instructions for Schedule B

Complete this schedule if you (the claimant) are reporting any qualified additional residents on Form IL-1363.

Your spouse is not a qualified additional resident and should not be listed on this schedule.

Step 1: Tell us about your qualified additional residents.

1 Social Security number

Write the Social Security number of your qualified additional resident. Your qualified additional resident must have his or her own Social Security number. It cannot be the same as yours.

2 Name

Print your qualified additional resident's first name, middle initial, and last name.

3 Birth date

Write the month, day, and year of your qualified additional resident's birth.

4 Relationship to claimant

Write a description of how your qualified additional resident is related to you (the claimant).

5 through 8

If you have

- **two** qualified additional residents, use the instructions for Lines 1-4, and write the information for the second of your qualified additional residents in Lines 5-8.

Step 2: Figure the total of your qualified additional residents.

- 9 Write the total number of persons you are reporting as qualified additional residents in Step 1.

Step 3: Claimant sign below.

- 10 You, the claimant (the person named on Line 2 of Form IL-1363), must sign this schedule.
- 11 Write your Social Security number (same as Line 1 on Form IL-1363).

Step 4: Qualified additional residents sign below.

12 and 13

Each person you report in Step 1 must sign on the corresponding line in Step 4. For example, the person named on Line 2 must sign on Line 12.

Note ➔ If the qualified additional resident reported in Step 1 is not yet 18 years of age, the person's parent or guardian must sign on the line, indicating his or her relationship to the qualified additional resident (such as "mother," "father," or "guardian").