

**Information Needed for Qualified Income Trust**

Please complete the following basic information. Please fax, email, mail back this intake form with payment. Payment can be made below:

<https://secure.lawpay.com/pages/lawofficeyonimarkhoff/operating>

Client Name: \_\_\_\_\_

Date Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be the trustee? \_\_\_\_\_

Income Sources:

Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

IRA \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

I understand that Law Office of Yoni Markhoff, PA is NOT providing any Medicaid Planning strategies. I do not have countable assets greater than \$2000 and do not require Medicaid Strategy planning. Law Office of Yoni Markhoff, PA is only providing a Qualified Income Trust for my Medicaid application.

I understand that Law Office of Yoni Markhoff, PA is not handling my Medicaid application and is not responsible for the application process.

Law Office of Yoni Markhoff, PA will provide the Qualified Income Trust and detailed instructions how to utilize the Trust. The cost for this service is \$1800 payable in full at time of engagement. We do not notarize the document unless client would come to our office in Miami Shores.

\_\_\_\_\_  
Client Signature (Date)