

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

AGREEMENT TO SELL PROPERTY

Applicant/Recipient Payee _____ Spouse _____ Parent _____

Case Number _____ Date Exclusion Begins _____ Date Exclusion Ends _____

Description of EACH Asset (If Real Property, show the address and location)	Name of Owners	Nature and Percentage of Ownership of each	Estimated Current Market Value	Amount still Owed if any	Estimated Net Proceeds of Sale (after sales expenses and any amount owed)
1.					
2.					
3.					
<p>My assets exceed the amount to qualify for cash assistance payments from the WV WORKS Program. I request that conditional payments be made to my family, for a period not to exceed six months, until I am able to sell the asset(s) described above for the current market value or highest price I am able to obtain. After the Department of Health and Human Resources notifies me of the approval of this agreement, I agree to the following:</p> <ul style="list-style-type: none"> < To take all necessary actions to sell the asset(s) for the current market value within six months of the notice of this agreement's approval; and < To notify DHHR within five business days of the sale's completion; and < To repay DHHR all payments received within the conditional payment period, up the time of the sale completion. 					
Signature	Address	City, State, ZIP		Date	
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IMPORTANT INFORMATION ABOUT THIS AGREEMENT

I. TIME LIMITS FOR SELLING PROPERTY

The time limit during which you must sell the property is:

Real Property (houses, land, etc.) – six months from the date this agreement is approved.

You must notify the **local** Department of **Health and Human Resources (DHHR)** immediately if you find you are unable to sell the property within the time limit

II. CURRENT MARKET VALUE

When you sign the other side of this form, you agree to sell the assets described there for their current market value. This means the highest amount you can get by offering it on the open market.

If you knowingly dispose of an agreed upon asset for less than its current market value, the **local DHHR** will determine what the current market value was at the time of disposition and determine the amount of your overpayment accordingly.

III. NOTIFYING YOUR DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE

Notify your **local DHHR** office as soon as you sell the property. Also, notify your **local DHHR** office immediately if you encounter any difficulty in selling the property or if you decide not to sell the property.