## Iowa Department of Human Services

## **DESCRIPTION OF EFFORTS TO SELL PROPERTY**

Date:		Return this form to:		
Worker Name:				
			You must return this 10 days. Failure to r form may result in cassistance. (6-B, Ve Conditional Benefit	return this ancellation of rification and
I have made the following efforts to sell exc boxes that apply.	cess property	after signing the	agreement to sell. C	heck any of the
☐ I have listed the property with a realtor.	*			
The listing expires on	·			
☐ I have made sale attempts on my own.*				
The attempts and dates of these are				
☐ I have not refused an offer to buy.				
☐ I have refused an offer to buy for the fol	llowing reaso	ons:		
G:				
Signatures Client			Date	
Spouse Dat	e S	Sponsor	I	Date
Representative Guardian Con	nservator		Date	L

470-2908 (Rev. 6/99) White: Return to County Office Yellow: Control

<sup>\*</sup> Attach verification of your listing or sale efforts.