

## STATEMENT OF FACTS

### CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

#### NOTICE

The county welfare department is authorized to collect the information on this form under Section 18940 of the Welfare and Institutions Code and the federal laws that govern the Supplementary Security Income/State Supplementary Payment (SSI/SSP) program. This information is needed to enable the county welfare department to determine eligibility or continued eligibility of an individual who is filing for or receiving CAPI benefits.

#### INSTRUCTIONS

CAPI is a state-funded program for non-citizens only. Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant.

If you need more space, use the "Remarks" section on page 13. Tell your worker if you need help in getting proof or filling out this form.

#### LANGUAGE AND DISABILITY ACCESSIBILITY

- a. Do you need help reading this application? ☐ Yes ☐ No
- b. Do you need help applying for CAPI due to a disability? ☐ Yes ☐ No
- c. Are you deaf or hard of hearing? ☐ Yes ☐ No  
 If you are deaf or hard of hearing, the county must provide effective communication at no cost to you.  
 What communication method do you require (if any)?  
 \_\_\_\_\_
- d. What language do you prefer to read?  
 \_\_\_\_\_
- e. What language do you prefer to speak?  
 \_\_\_\_\_

#### COUNTY USE ONLY

Case Name

Case Number

Worker

Date Received

Linkage

☐ Aged☐ Blind☐ Disabled

ID

#### SECTION 1: APPLICANT INFORMATION

- a. Your name (first name, middle initial, last name):  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

☐ I don't have a Social Security number.

- b. **Contact Information**

Home Address (street address): \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**COUNTY USE ONLY**

Phone Numbers with Area Code:

Cell or Mobile (\_\_\_\_) \_\_\_\_\_

Home/Work/Message(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

- c. Do you give the county permission to contact you via text message in regard to your CAPI case? ☐ Yes ☐ No

If “**yes**,” please provide the phone number to which the county should text such messages. (\_\_\_\_) \_\_\_\_\_

- d. Did you ever use any other names (including maiden name)? ☐ Yes ☐ No

If “**yes**,” please use the space below to list other names used:

\_\_\_\_\_  
\_\_\_\_\_

- e. **Optional:** (This question is optional and your response is confidential.)

**Ethnicity:** Are you of Hispanic, Latino or Spanish origin?

☐ Yes ☐ No ☐ Decline to state

If you answered “**yes**” to the above, do you consider yourself:

☐ Mexican ☐ Puerto Rican ☐ Cuban  
☐ Guatemalan ☐ Salvadoran ☐ Honduran  
☐ Other (please specify): \_\_\_\_\_

- f. **Optional:** (This question is optional and your response is confidential.)

**Race/Ethnic Origin:** Please check all that apply.

☐ White ☐ American Indian or Alaskan Native

☐ Black or African American

☐ Other or Mixed (specify): \_\_\_\_\_

☐ Asian (if checked, please select one or more of the following:)

☐ Filipino ☐ Cambodian ☐ Asian Indian ☐ Chinese  
☐ Korean ☐ Laotian ☐ Japanese ☐ Vietnamese  
☐ Samoan ☐ Hmong  
☐ Other Asian (specify): \_\_\_\_\_

☐ Native Hawaiian or Other Pacific Islander (if checked, please select one or more of the following):

☐ Native Hawaiian ☐ Guamanian or Chamorro  
☐ Other (specify): \_\_\_\_\_

- g. *A response to this question is required from all applicants for cash aid. Your response is confidential.*

What is your sex? ☐ Female ☐ Male  
☐ Transgender: male to female  
☐ Transgender: female to male

**COUNTY USE ONLY**

- h. **Optional:** (This question is optional and your response is confidential.)

How do you identify your gender identity? Please check one:

- ☐ Female ☐ Male ☐ Transgender: male to female  
☐ Transgender: female to male ☐ Another gender identity  
☐ Non-Binary (neither male nor female) ☐ Decline to state

- i. **Optional:** (This question is optional and your response is confidential.)

What sex was listed on your original birth certificate? Please check one: ☐ Female ☐ Male ☐ Decline to state

- j. **Optional:** (This question is optional and your response is confidential.)

How do you identify your sexual orientation? Please check one:

- ☐ Straight or heterosexual ☐ Gay or lesbian ☐ Bisexual ☐ Queer  
☐ Another sexual orientation ☐ Unknown ☐ Decline to state

- k. Are you homeless? ☐ Yes ☐ No

("Homeless" means you do not have a regular place to sleep at night or you sleep in a temporary location such as a shelter or motel room or you sleep in a place not meant for human habitation, such as a car, train or bus station, airport or abandoned building, or you sleep outdoors or you are temporarily "doubled up" with other people because you are unable to pay for your own place to live.)

- l. Do you intend to remain in California? ☐ Yes ☐ No

**SECTION 2: HEALTH**

- a. Do you have any physical or mental health problems or are you blind? ☐ Yes ☐ No

Examples include high blood pressure, heart problems, diabetes, arthritis, osteoporosis, vision problems, depression, etc.

- b. If you answered "yes" to the above, please briefly explain:

Health Problem #1 – Date Problem Began: \_\_\_\_\_

Describe Health Problem #1: \_\_\_\_\_

Health Problem #2 – Date Problem Began: \_\_\_\_\_

Describe Health Problem #2: \_\_\_\_\_

Health Problem #3 – Date Problem Began: \_\_\_\_\_

Describe Health Problem #3: \_\_\_\_\_

- ☐ Current Medi-Cal or SSA Disability Determination  
☐ DDSD Referral Completed  
☐ Disabled  
☐ Blind  
☐ Presumptive Disability  
☐ SSI Referral Completed

**COUNTY USE ONLY**

- c. Are you a victim of abuse? ☐ Yes ☐ No  
 If **“yes,”** was the abuser your sponsor or your sponsor’s spouse? ☐ Yes ☐ No

“Abuse” means assaultive or coercive behavior, including physical, sexual and psychological abuse, economic control, stalking, isolation, threats, and other types of coercive behaviors.

APS Referral?

☐ Yes ☐ No ☐ N/A**SECTION 3: MARITAL STATUS**

- a. Are you married? ☐ Yes ☐ No  
 If you answered **“no”** to the above, please go to **Section 4** on the next page.

- b. Your spouse’s name (first name, middle initial, last name):  
 \_\_\_\_\_

Your spouse’s date of birth: \_\_\_\_\_

- c. Did your spouse ever use any other names (including maiden name)? ☐ Yes ☐ No  
 If **“yes,”** please use the space below to list other names used:  
 \_\_\_\_\_

- d. Are you and your spouse living together? ☐ Yes ☐ No

- e. If you answered **“no”** to the above, please list the date that you and your spouse began living apart:  
 \_\_\_\_\_

- f. If you do not live with your spouse, please list your spouse’s address (number and street, city and zip code):  
 \_\_\_\_\_

- g. Is your spouse applying for CAPI? ☐ Yes ☐ No

**Spouse:**

Linkage:

☐ Aged☐ Blind☐ Disabled

ID:

Spouse Eligible?

☐ Yes ☐ No**SECTION 4: IMMIGRATION STATUS - GENERAL**

- a. Are you a United States citizen? ☐ Yes ☐ No  
 If you answered **“yes”** to the above, please go to the end of the application and sign your name.

- b. Would you like information on how to become a United States citizen and assistance with the citizenship process? ☐ Yes ☐ No

- c. Have you or your spouse (or former spouse) ever served in the U.S. military? ☐ Yes ☐ No

- d. What is your Alien Registration Number? \_\_\_\_\_

- e. Where was your port of entry? \_\_\_\_\_

Resident Card on File?

☐ Yes ☐ No ☐ N/A

Resident Card Expired?

☐ Yes ☐ No ☐ N/A

Sponsored?

☐ Yes ☐ No

Affidavit of Support:

☐ Form I-134☐ Form I-864

**COUNTY USE ONLY**

- f. Are you lawfully admitted for permanent residence in the United States? ☐ Yes ☐ No
- g. If you answered “**yes**” to the above, please list the date of your admission for permanent residence and go to **Section 5**. \_\_\_\_\_
- h. If you answered “**no**” to the above, please briefly explain your current immigration status with the United States Citizenship and Immigration Service (USCIS). \_\_\_\_\_  
\_\_\_\_\_
- i. Through what date will USCIS allow you to remain in the United States? Please list date or “indefinitely,” as applicable. \_\_\_\_\_

Sponsor Verifications:

☐ Deceased☐ DisabledUSCIS documentation on file? ☐ Yes ☐ No

SOC 860 mailed to sponsor(s) and applicant?

☐ Yes ☐ No**SECTION 5: IMMIGRATION STATUS – SPONSORSHIP**

- a. Do you have a sponsor? ☐ Yes ☐ No  
If you answered “**no**” to the above, please go to **Section 6**.
- b. Please list the name, address and telephone number of your sponsor. If you have more than one sponsor, please provide this information for each of your sponsors.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Are any of your sponsors deceased? ☐ Yes ☐ No  
If you answered “**yes**” to the above, please list the name of your deceased sponsor. \_\_\_\_\_
- d. Are any of your sponsors disabled? ☐ Yes ☐ No  
If you answered “**yes**” to the above, please list the name of your disabled sponsor. \_\_\_\_\_

Abuse exception to sponsor deeming (see question #2c)?

☐ Yes ☐ No ☐ N/A**SECTION 6: RESIDENCY**

- a. Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? ☐ Yes ☐ No  
If you answered “**yes**” to the above, please go to the end of the application and sign your name.
- b. On what date did you first make your home in the United States?  
\_\_\_\_\_

Lawfully admitted permanent resident?  
☐ Yes ☐ NoPassport viewed and copy on file?  
☐ Yes ☐ No

**COUNTY USE ONLY**

- c. Have you lived outside of the United States since then? ☐ Yes ☐ No

If you answered “**yes**” to the above, please list the dates that you were outside the United States (month/day/year you left and month/day/year you returned). \_\_\_\_\_

- d. Have you been outside of the United States within the past 30 days? ☐ Yes ☐ No

If you answered “**yes**” to the above, please list the date that you left the United States and the date on which you returned. \_\_\_\_\_

Month aid begins: \_\_\_\_\_

IHSS referral?

☐ Yes ☐ No

NMOHC?

☐ Yes ☐ No

**SECTION 7: LIVING ARRANGEMENTS**

- a. Check the applicable block to show where you live now:

☐ House ☐ Nursing Home ☐ Apartment  
☐ Mobile Home ☐ Jail ☐ Room (private home)  
☐ Hospital ☐ Homeless Shelter ☐ Other Institution  
☐ Residential Care Facility  
☐ Room (hotel/commercial establishment)  
☐ Shelter for Battered Women  
☐ Other (describe): \_\_\_\_\_

- b. Do you need assistance in your personal care or hygiene? ☐ Yes ☐ No

Please answer “**yes**” to the above if you need help with eating, dressing, bathing, taking medication, moving around, etc.

- c. Do you have adequate cooking and food storage facilities available where you live? ☐ Yes ☐ No

- d. Do you live alone? ☐ Yes ☐ No

- e. If you do not live alone, please provide information about each person who lives with you, including your husband or wife. Please list the name of each person who lives with you, his or her relationship to you, his or her date of birth, and whether the person receives public assistance. “Public assistance” includes BIA, CalWORKs, SSI/SSP, General Assistance/General Relief, VA pension, etc. *If a person who lives with you receives CalFresh or CFAP food assistance only, please check “No” for that person.* There is room below for you to enter information about up to five people who live with you. If more than five people live with you, please list five of them below and the rest of them in the Remarks section on the last page of this application.

Person #1's name: \_\_\_\_\_

Person #1's relationship to you: \_\_\_\_\_

Person #1's gender and date of birth: \_\_\_\_\_

Does Person #1 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? ☐ Yes ☐ No

Cooking Facilities?

☐ Yes ☐ No

**COUNTY USE ONLY**

Person #2's name: \_\_\_\_\_

Person #2's relationship to you: \_\_\_\_\_

Person #2's gender and date of birth: \_\_\_\_\_

Does Person #2 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? ☐ Yes ☐ No

Person #3's name: \_\_\_\_\_

Person #3's relationship to you: \_\_\_\_\_

Person #3's gender and date of birth: \_\_\_\_\_

Does Person #3 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? ☐ Yes ☐ No

Person #4's name: \_\_\_\_\_

Person #4's relationship to you: \_\_\_\_\_

Person #4's gender and date of birth: \_\_\_\_\_

Does Person #4 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? ☐ Yes ☐ No

Person #5's name: \_\_\_\_\_

Person #5's relationship to you: \_\_\_\_\_

Person #5's gender and date of birth: \_\_\_\_\_

Does Person #5 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? ☐ Yes ☐ No

f. How do you pay for your shelter expenses?

☐ Pay rent to landlord ☐ Sublet ☐ Pay mortgage☐ Own the property ☐ I live here for freeRental liability/  
ownership verified?☐ Yes ☐ No

g. How much is your monthly rent or mortgage payment? \$\_\_\_\_\_

SOC 453?

☐ Yes ☐ No

h. Does anyone who lives with you pay rent or make monthly mortgage payments?

☐ Yes ☐ No**SECTION 8: RESOURCES/PROPERTY**

a. Does your name or your spouse's name appear on the title of any vehicle?

☐ Yes ☐ No

Exempt vehicle?

☐ Yes ☐ No

Vehicles include cars, trucks, boats, motorcycles, motor homes, etc.

b. If you answered "yes" to the above question, for each vehicle that you or your spouse own, please list the owner's name, a description of the vehicle (year, make and model), the purpose for which the vehicle is used (for work, to get to medical appointments, etc.), the vehicle's current market value, and the amount owed on the vehicle.

**2nd Vehicle:**

Market Value:

\$\_\_\_\_\_

Encumbrances:

\$\_\_\_\_\_

Equity Value:

\$\_\_\_\_\_

**COUNTY USE ONLY**

Name of owner of Vehicle #1: \_\_\_\_\_

Description of Vehicle #1 (year, make and model): \_\_\_\_\_

Purpose for which Vehicle #1 is used: \_\_\_\_\_

Current market value of Vehicle #1: \_\_\_\_\_

Amount owed on Vehicle #1: \_\_\_\_\_

Name of owner of Vehicle #2: \_\_\_\_\_

Description of Vehicle #2 (year, make and model): \_\_\_\_\_

Purpose for which Vehicle #2 is used: \_\_\_\_\_

Current market value of Vehicle #2: \_\_\_\_\_

Amount owed on Vehicle #2: \_\_\_\_\_

- c. Do you or your spouse own or are either of you buying any life insurance policies? ☐ Yes ☐ No

CSV?  
☐ Yes ☐ No

If you answered “**yes**” to the above question, please provide the following information about each of your life insurance policies:

Amount: \$ \_\_\_\_\_

Name of owner of Policy #1: \_\_\_\_\_

Name of person insured by Policy #1: \_\_\_\_\_

Name of insurance company for Policy #1: \_\_\_\_\_

Policy number for Policy #1: \_\_\_\_\_

Face value of Policy #1: \_\_\_\_\_

Cash surrender value of Policy #1: \_\_\_\_\_

Date that Policy #1 was purchased: \_\_\_\_\_

Are there any loans against Policy #1? ☐ Yes ☐ No

Name of owner of Policy #2: \_\_\_\_\_

Name of person insured by Policy #2: \_\_\_\_\_

Name of insurance company for Policy #2: \_\_\_\_\_

Policy number for Policy #2: \_\_\_\_\_

Face value of Policy #2: \_\_\_\_\_

Cash surrender value of Policy #2: \_\_\_\_\_

Date that Policy #2 was purchased: \_\_\_\_\_

Are there any loans against Policy #2? ☐ Yes ☐ No

- d. Do you (or your spouse, if you are married) own, either alone or jointly with another person, any life estates or ownership interest in an unprobated estate? ☐ Yes ☐ No

If you answered “**yes**” to the above question, please provide the owner’s name, a description of the item (life estate or unprobated estate), its resale value, and the amount owed on the item.

**COUNTY USE ONLY**

Name of owner of Item #1: \_\_\_\_\_

Description of Item #1: \_\_\_\_\_

Resale value of Item #1: \_\_\_\_\_

Amount owed on Item #1: \_\_\_\_\_

Name of owner of Item #2: \_\_\_\_\_

Description of Item #2: \_\_\_\_\_

Resale value of Item #2: \_\_\_\_\_

Amount owed on Item #2: \_\_\_\_\_

- e. Do you or your spouse own, or do either of your names appear (either alone or jointly) on any of the following items either inside or outside of the United States?

Cash (at home, with you, or anywhere else)

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Checking Accounts

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Savings Accounts

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Credit Union Accounts

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Certificates of Deposit

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Notes

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Bonds

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Money Market Accounts

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Stocks

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

IRAs

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Other items that can be turned into cash

**You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

- f. Provide the following information for any “yes” answers above:

Owner's Name: \_\_\_\_\_

Name of Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Information in Item f  
verified?☐ Yes ☐ No

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

**COUNTY USE ONLY**

Owner's Name: \_\_\_\_\_

Name of Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

- g. Do you or your spouse own any land or buildings, or does either of your names appear on the title of ANY property either inside or outside of the United States, other than at the address where you currently live? **You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

If "yes" to either, please provide the following information:

**Property #1:** Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Value: \$ \_\_\_\_\_

**Property #2:** Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Value: \$ \_\_\_\_\_

- h. Have you or your spouse sold, transferred title, disposed of or given away any money or property, including money or property in foreign countries, within 36 months of this application filing date, and after December 14, 1999? **You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

If "yes" to either, please provide the following information:

Description of Property: \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Reason for Transaction: \_\_\_\_\_

Name, address and telephone number of buyer or person who received property: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Sales price or other agreement: \_\_\_\_\_

- i. Do you or your spouse have any money set aside for burial expenses? **You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

If "yes" to either, please provide the following information:

Owner: \_\_\_\_\_

Description (Type of Asset, Name of Organization): \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date set aside: \_\_\_\_\_

For whose burial (relationship)? \_\_\_\_\_

Information in Item g verified?

☐ Yes ☐ No

Property sold for less than market value?

☐ Yes ☐ No

Date and transfer verified?

☐ Yes ☐ No

Period of ineligibility

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Money set aside for burial expenses:

Exempt?

☐ Yes ☐ No

Amount over \$1,500 \_\_\_\_\_

Owner: \_\_\_\_\_

Description (Type of Asset, Name of Organization): \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date set aside: \_\_\_\_\_

For whose burial (relationship)? \_\_\_\_\_

- j. Do you or your spouse own any cemetery plots, crypts, caskets, vaults or urns? **You:** ☐ Yes ☐ No **Your Spouse:** ☐ Yes ☐ No

Burial Asset #1 Owner: \_\_\_\_\_

Description: \_\_\_\_\_

Value: \$ \_\_\_\_\_ For whose burial (relationship)? \_\_\_\_\_

Burial Asset #2 Owner: \_\_\_\_\_

Description: \_\_\_\_\_

Value: \$ \_\_\_\_\_ For whose burial (relationship)? \_\_\_\_\_

**COUNTY USE ONLY**

Burial Asset #1:

☐ Revocable☐ Irrevocable

Burial Asset #2:

☐ Revocable☐ Irrevocable**SECTION 9: INCOME**

- a. Have you or your spouse received, or do you expect to receive income from any of the following sources?

Gifts/Support

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Social Security

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Veteran's Administration

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Supplemental Security Income (SSI)

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Unemployment Benefits

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

State Disability

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Workers' Compensation

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Other Pensions/Annuities

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

CalWORKs

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

General Assistance/Relief

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Rental Income

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Insurance Payments

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Section 9a info verified?

☐ Yes ☐ No

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Wages verified?

☐ Yes ☐ No

Paid:

☐ Daily☐ Weekly☐ Bi-Weekly☐ Monthly☐ Twice Monthly☐ Fluctuating

Tax return?

☐ Yes ☐ No

Year of tax return:

IRWE?

☐ Yes ☐ No

**COUNTY USE ONLY**

Interest/Dividends

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Alimony/Child Support

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ No

Other Income

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ NoFor each **“yes”** answer above, please provide the following information:

Person Receiving: \_\_\_\_\_ Type: \_\_\_\_\_

Gross amount: \$ \_\_\_\_\_ How often received: \_\_\_\_\_

Person Receiving: \_\_\_\_\_ Type: \_\_\_\_\_

Gross amount: \$ \_\_\_\_\_ How often received: \_\_\_\_\_

Person Receiving: \_\_\_\_\_ Type: \_\_\_\_\_

Gross amount: \$ \_\_\_\_\_ How often received: \_\_\_\_\_

Person Receiving: \_\_\_\_\_ Type: \_\_\_\_\_

Gross amount: \$ \_\_\_\_\_ How often received: \_\_\_\_\_

- b. Do you or your spouse receive or do you expect to receive any wages?

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ NoIf **“yes”** to either, please provide the following information:

Person working: \_\_\_\_\_

Employer's name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Gross wage amount: \$ \_\_\_\_\_ How often paid: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Person working: \_\_\_\_\_

Employer's name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Gross wage amount: \$ \_\_\_\_\_ How often paid: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

- c. Have you or your spouse been, or do you or your spouse expect to be self-employed in the current year?

**You:** ☐ Yes ☐ No**Your Spouse:** ☐ Yes ☐ NoIf **“yes”** to either, please provide the following information:

Type of business: \_\_\_\_\_

Dates of self-employment (from/to): \_\_\_\_\_

Last year's gross income: \$ \_\_\_\_\_

Last year's net income/loss: \$ \_\_\_\_\_

This year's gross income: \$ \_\_\_\_\_

This year's gross income/loss: \$ \_\_\_\_\_

Wages verified?

☐ Yes ☐ No

Paid:

☐ Daily☐ Weekly☐ Bi-Weekly☐ Monthly☐ Twice Monthly☐ Fluctuating

**COUNTY USE ONLY**

Type of business: \_\_\_\_\_

Dates of self-employment (from/to): \_\_\_\_\_

Last year's gross income: \$ \_\_\_\_\_

Last year's net income/loss: \$ \_\_\_\_\_

This year's gross income: \$ \_\_\_\_\_

This year's gross income/loss: \$ \_\_\_\_\_

- d. If you or your spouse is under age 65 and disabled, do either of you have any special expenses related to your illness or injury that are necessary for you to work?

**You:** ☐ Yes ☐ No      **Your Spouse:** ☐ Yes ☐ No

If "yes", describe in "Remarks" under **Section 10**.

- e. Are you or your spouse currently receiving CalFresh benefits (Food Stamps)?

**You:** ☐ Yes ☐ No      **Your Spouse:** ☐ Yes ☐ No

Tax return?

☐ Yes ☐ No

Year of tax return:

IRWE?

☐ Yes ☐ No

CalFresh referral?

☐ Yes ☐ No**SECTION 10: REMARKS**

Remarks: (Use this area to add to the information you have provided on the previous pages or to provide other information.)

**YOUR AUTHORIZATION AND CERTIFICATION STATEMENT**

I give permission to state and county agencies to check the information I have provided on this form. I understand that these agencies will compare information provided on this form with records from other county, state and federal agencies to make sure that the correct amount of benefits is paid.

I have read and understand my responsibilities.

I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that can be punished under state law.

I certify under penalty of perjury that the statements provided on this form are the truth as I know it.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS, IF MARKED WITH AN "X": \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of interpreter or person completing form on your behalf:

\_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Telephone number: \_\_\_\_\_ DATE: \_\_\_\_\_

**Important Information – Please Read Carefully****REPORTING RESPONSIBILITIES**

**You must tell us about any change within 10 days after the change occurs. Failure to report any change within 10 days after it occurs could result in a penalty.**

**CHANGES TO REPORT****Where You Live:**

- If you move.
- If you leave the United States for 30 days or more.
- If you are no longer a legal resident of the United States.
- If you are released from a hospital, nursing home, etc.
- If you (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.

**How You Live:**

- If someone moves into or out of your household.
- The birth or death of any people with whom you live.
- If the amount of money you pay toward household expenses changes.
- If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.

**Income:**

- If the amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down.
- If you start to receive money (or checks or any other type of payment).
- If you start or stop work.
- If your earnings go up or down.

**Help You Get from Others:**

- If the amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- If someone stops or starts helping you.

**Things of Value that You Own:**

- If the value of your total resources goes over \$2,000 (\$3,000 if you are married and live with your spouse).
- If you sell or give away any things of value.
- If you buy or are given anything of value.

**CHANGES TO REPORT (continued)****You are Blind or Disabled:**

- If your condition improves or your doctor says you can return to work.
- If you stop or refuse any vocational rehabilitation services.
- If you go to work.

**Unmarried and Under Age 22:**

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

**YOUR UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.**

I understand my reporting responsibilities and agree to cooperate.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**KEEP FOR YOUR RECORDS**  
**Important Information – Please Read Carefully**

**REPORTING RESPONSIBILITIES**

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## **CHANGES TO REPORT (continued)**

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## **YOUR UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.**