

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY - INCOME/EXPENSES

NAME OF OVERPAID PERSON	SOCIAL SECURITY NUMBER
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1. Did you lend or give away any property or cash after notification of the overpayment? YES NO
 If Yes, how much? _____

2. List all dependents who live with you.

3. How much money do you have available in each of the following items? (Include any account on which your name appears either in the U.S. or another country.)

CASH \$	SAVINGS ACCOUNT \$	CHECKING ACCOUNT \$	STOCKS/BONDS \$
MONEY OR MUTUAL FUNDS \$	TRUST FUNDS \$	CERTIFICATES OF DEPOSIT (CD) \$	OTHER \$

4. Do you own more than one motor vehicle? YES NO
 If Yes, describe below:

YEAR, MAKE/MODEL	PRESENT VALUE	LOAN BALANCE
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5. Do you own any real estate (buildings or land) other than where you live? YES NO
 If Yes, describe below:

PRESENT VALUE \$	LOAN BALANCE \$	HOW IS IT USED?
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6. Show monthly income that you and your spouse receive:	YOURS	SPOUSE'S
Wages or Self Employment earnings (Gross)	\$	\$
Wages or Self Employment earnings (Net)	\$	\$
Social Security Benefits	\$	\$
SSI or other Public Assistance	\$	\$
Food Stamps (Full face value)	\$	\$
Rental income	\$	\$
Child Support/Alimony	\$	\$
Other	\$	\$
Total Income	\$	\$

7. Show monthly household expenses			
Rent or Mortgage	\$	Food	\$
Utilities (gas, electric, telephone)	\$	Water, sewer, garbage	\$
Clothing	\$	Insurance	\$
Medical expenses (Not covered by Medi-Cal or other insurance)	\$	Car or other transportation	\$
Loan payments (minimal amounts)	\$	Support to someone not in household	\$
Total expenses			\$

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE
RESIDENCE ADDRESS:	PHONE NUMBER
CITY	STATE ZIP CODE