

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



March 15, 2002

ALL COUNTY INFORMATION NOTICE NO. I-15-02

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKs PROGRAM SPECIALISTS  
ALL FOOD STAMP COORDINATORS

SUBJECT: TRANSMITTAL OF REVISED FORMS FOR CalWORKs AND FOOD  
STAMP PROGRAMS

REFERENCE: ALL COUNTY LETTER (ACL) 01-24

This All County Information Notice (ACIN) transmits copies of the revised versions of the following forms for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program and the Food Stamp Program.

CW 22 (10/01): Coversheet and Form: Sponsored Noncitizens Applying for or Receiving Cash Aid and/or Food Stamps. The changes implement new Federal sponsored noncitizen property and income deeming calculations.

CW 60 (05/01): Release of Information-Financial Institution Form. The changes include bilingual adaptation of the form.

CW 63 (04/01): Income and Eligibility Verification Form. The change expands verification to include Medi-Cal.

CW 72 (10/01): Sponsor's Monthly Income and Resources Report. The changes implement new Federal sponsored noncitizen property and income deeming calculations.

Implementation

Counties should begin using these forms as soon as administratively feasible.

**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

## Forms Designation and Modification of Forms

The CW 22, CW 60, and CW 72 transmitted with this ACIN are designated as “Required Form – Substitute Permitted.” County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other “Substitute Permitted” forms. For CalWORKs and Food Stamp program changes, the procedures for submission of a change request are outlined in the Management and Office Procedures Regulations 23-400.2 and the Food Stamp Handbook Regulations 63-1250.

The CW 63 is designated as “Recommended”; CWDs may modify forms in this category without prior CDSS approval or may choose to not use them.

## Camera-Ready Copies and Translations

After you receive a copy of an English CalWORKs form or message, please allow six to eight weeks for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov). FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to [fm@dss.ca.gov](mailto:fm@dss.ca.gov). For additional copies of NOA messages in English, please contact Shawn Bradley at (916) 653-8675 or by e-mail at: [shawn.bradley@dss.ca.gov](mailto:shawn.bradley@dss.ca.gov).

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

## Stock

No State produced stock will be available for CW 22, CW 60, CW 63, and CW 72. Stock of other CalWORKs forms may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

## Contacts

If you have any questions or need further information, please contact the following staff regarding their specific program area:

This letter and attachments: Shawn Bradley @ [shawn.bradley@dss.ca.gov](mailto:shawn.bradley@dss.ca.gov),  
(916) 653-8675/CALNET 453-8675;

Food Stamp Program: Sandra Pierce (916) 653-5208/CALNET 453-5208;

Medi-Cal: John Zapata (916) 657-0725/CALNET 457-0725.

Sincerely,

*Original signed by  
Charr Lee Metsker 3/15/2002*

CHARR LEE METSKER, Chief  
Employment and Eligibility Branch

## Attachments

c: CSAC  
CWDA

# SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR FOOD STAMPS

## Important Information For Noncitizens Sponsored By Individuals

**As a noncitizen who is sponsored by an individual(s), you must meet special conditions to receive Cash Aid and/or Food Stamps.**

### The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to complete monthly income and resource reports for Cash Aid and Food Stamp benefits. If your sponsor does not provide this information, your benefits may be changed or stopped. Family members who are not sponsored and are otherwise eligible can get and continue to get their benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.**

## Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or Food Stamps. If you completed an affidavit of support, State regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the noncitizen applicant can get benefits. Sponsorship is normally for an indefinite period of time. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse or your spouse has signed an affidavit of support, your spouse's income, resources, and property are also counted.

If the noncitizen's application for Cash Aid is approved, **each month** you will have to report your income, resources, and property on the Sponsor's Monthly Income and Resources Report (CW 72). The noncitizen will provide you with the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each month, resources and a portion of your income will be used to determine the noncitizen's continued eligibility and benefits.

If the noncitizen receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the noncitizen may have to repay these benefits.

# SPONSOR'S STATEMENT OF FACTS INCOME AND RESOURCES

*(Supplemental Application For Food Stamps And Cash Aid)*

**INSTRUCTIONS:** PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER OR IF SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT) AND RETURN IT TO THE NONCITIZEN IMMEDIATELY.

Noncitizen Name and Address


Proof may be needed to verify answers to the following questions. Attach proof when the form asks for it.

① YOUR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER (     )
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT) (FIRST, MIDDLE, LAST)	HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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③ Do you or your spouse get assistance such as: California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamps, or Supplemental Security Income (SSI)? If Yes, complete below:     Yes     No

Case Name	Date of Birth	Type of Assistance	County	State

If **both** you and your spouse get Assistance and the noncitizen is **not** applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other noncitizen's entry into the United States?     Yes     No  
If Yes, complete below using the I-864, I-864A or the I-134:

Noncitizen Name	Noncitizen Address	Date of Admission to U.S.

B. Are any of the noncitizens listed in ④A receiving any type of assistance such as: CalWORKs, Food Stamps or SSI?     Yes     No  
If Yes, complete below:

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes?     Yes     No  
If Yes, complete below:

Name of Person(s)	Does Person Live With Sponsor
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COUNTY USE ONLY**

CASE NAME: \_\_\_\_\_  
CASE NO: \_\_\_\_\_  
WORKER NO: \_\_\_\_\_

VERIFIED:

Letter on File

Verbal Communication

Other: \_\_\_\_\_

  

VERIFIED:

Affidavit of Support on File

I-864

I-864A

I-134

Other: \_\_\_\_\_

  

Verified

Verified

  

IRS Form 1040 Reviewed

Other: \_\_\_\_\_

  

Claimed     Yes     No

Claimed     Yes     No

Claimed     Yes     No

Claimed     Yes     No

Claimed     Yes     No

<b>6 Are you or your spouse currently employed?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.</b>							<b>COUNTY USE ONLY</b>		
Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed		
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Stubs	Other	
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7 Do you or your spouse receive or expect to receive any other income such as:</b> Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If Yes, complete section below and attach proof of the income.</b>									
Name	Type of Income	Amount	How Often Received	Check if Exempt	Specify Verification and Date Reviewed:				
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>8 Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.</b>									
Resource		Sponsor	Spouse	Resource		Sponsor	Spouse		
Checks or Money (At Home or Elsewhere)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking, Savings, Credit Union Account		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes, Mortgages, Trust Deeds, Sales Contracts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify below)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)		Account Number	Check if Exempt			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9 Do you or your spouse own (or are you buying) any real property, such as:</b> a house, land, building, etc. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If Yes, complete section below:</b>									
Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt	Date Registration and Records Viewed	
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10 Do you or your spouse own or use or are you buying any motor vehicles, such as:</b> a car, truck, boat, trailer, van, camper, motorcycle, etc. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If Yes, complete section below:</b>									
Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt	Vehicle Valuation			
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>11 Do you or your spouse who receive income pay any court ordered support?</b> If Yes, enter the monthly amount \$ _____ Who pays? _____ <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>							<input type="checkbox"/> Verified		
<b>12 Do you or your spouse make support payments to other persons not living in your home?</b> If Yes, complete section below: <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>							<input type="checkbox"/> Verified		
Who Pays				To Whom Paid (Name)		Amount Paid			
						\$			
						\$			
						\$			
						\$			
<b>13 Do you or your spouse own or use personal property or resources such as:</b> Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If Yes, complete section below:</b>									
Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value			
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**CERTIFICATION**

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, Food Stamp or cash-based Medi-Cal Programs, I can be punished and I can be legally accused of the crime of fraud. If I am found guilty of committing fraud, I can be fined up to \$10,000 for CalWORKs and \$250,000 for Food Stamps. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for Food Stamps. In the CalWORKs and Food Stamp Programs, my benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years or forever.
- I understand that the information provided on this form may be verified by local, state and federal agencies.
- I understand that the noncitizen's case, including my statement, may be selected for an additional review to ensure that the noncitizen's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

• If the noncitizen is applying for Cash Aid, both you and your spouse must sign the form. If the noncitizen is applying for Food Stamps only, either you or your spouse must sign the form.

**SPONSOR'S CERTIFICATION:**

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE OR HAS SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

• If the noncitizen is applying for Cash Aid, the noncitizen must sign this form. If the noncitizen is applying for Food Stamps only, the form must be signed by the noncitizen, the head of household, a household member, or an authorized representative.

**NONCITIZEN'S CERTIFICATION:**

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

**COUNTY USE ONLY**

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamp Sponsor/Sponsor's Spouse Computation																																																																																										
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E. W. SIGNATURE	E. W. SUPERVISOR	DATE
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# RELEASE OF INFORMATION - FINANCIAL INSTITUTION

You and any member of your household for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) is used to determine your eligibility, and failure to cooperate may result in denial or discontinuance of aid. Authority: 45 Code of Federal Regulations Section 205.52, and Welfare and Institutions Code Section 11286(a).

Enter name and address of institution

COUNTY USE ONLY	
WORKER NAME	
CASE NAME	
CASE NUMBER	DATE

I authorize you to release to \_\_\_\_\_ County information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to stop this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 60 days from date signed.

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE	SIGNATURE (OR MARK) OF SPOUSE	DATE
SIGNATURE (OR MARK) OF JOINT PERSON	DATE	SIGNATURE OF WITNESS TO MARK(S)	DATE

**APPLICANT OR RECIPIENT:** Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify).  
**FINANCIAL INSTITUTION:** Complete items 1B, 2B and 3, and provide remarks as needed.

APPLICANT/RECIPIENT: COMPLETE THIS SECTION		INFORMATION ITEMS	AMOUNT	DATE
<b>1A</b> TYPE OF ACCOUNT	ACCOUNT NUMBER	<b>1B</b> Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	
<b>2A</b> TYPE OF ACCOUNT	ACCOUNT NUMBER	<b>2B</b> Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	

<b>3 FINANCIAL INSTITUTION REMARKS:</b>	<b>FINANCIAL INSTITUTION COMPLETE:</b>	
	Does this person have a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are any funds pledged against a loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Were any accounts held under a different name and/or number within the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE OF PERSON PROVIDING INFORMATION (FINANCIAL INSTITUTION)	DATE	TELEPHONE NUMBER ( )
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# INCOME AND ELIGIBILITY VERIFICATION FORM

Worker Name: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Telephone Case Number: \_\_\_\_\_  
Date: \_\_\_\_\_

(ADDRESSEE)

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└

Questions? Ask your worker.

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We told you when you applied for Cash Aid, Food Stamps, and/or Medi-Cal that we would check your income and resources with different agencies to verify information which you reported.

We have some facts that are different from what you told us. They have to do with:

- Earnings
- Unemployment Insurance (UI)
- Social Security Benefits or SSI
- Disability Insurance (DI)
- Bank Accounts/Stocks/Bonds
- Other \_\_\_\_\_

The facts are:

You must tell us by \_\_\_\_\_, if you think these facts are right or wrong.

- If you think these facts are wrong, you need to show us why.
- If these facts are right, your  Cash Aid  Food Stamps  Medi-Cal may change or stop. You will get a Notice of Action.

- If you get Cash Aid and you don't let us know the facts by the above date, we may check with the source of these facts.
- If you get Food Stamps and you don't let us know the facts by the above date, you will get a Notice of Action to stop your Food Stamps.
- If you get Medi-Cal and you don't let us know the facts by the above date, we may check with the sources of these facts. Based on the information we receive, your Medi-Cal benefits may change or stop. You will get a Notice of Action.

# SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT

THIS REPORT IS FOR THE MONTH OF \_\_\_\_\_

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

CASE NAME	CASE NUMBER
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## SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form and, give it to sponsor by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.
- Call the county if you need help completing this form.
  - Noncitizen's Name and Address

WORKER: \_\_\_\_\_

PHONE: \_\_\_\_\_

① Sponsor's Name (First, Middle, Last) \_\_\_\_\_

Answer the following questions for your spouse if she/he is living with you OR has signed an affidavit of support.

② Sponsor's Spouse's Name (If Living Together) ( First, Middle, Last) \_\_\_\_\_ Has sponsor's spouse signed an affidavit of support?  YES  NO

③ Do you or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids (CalWORKs) or Supplemental Security Income (SSI)? If YES, complete below:  YES  NO

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section.

④ Did you and/or your spouse receive income, money or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc.?  YES  NO

**If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach pay stubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes.**

**If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.**

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

⑤ Did you or your spouse have any changes in personal and/or real property in the month such as: receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? If YES, explain the type of change, date of change and the amount, if applicable:  YES  NO

⑥ Did you or your spouse have a checking, savings or credit union account open at the end of the month? If YES, complete below:  YES  NO

<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?	<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?
<input type="checkbox"/> Checking			<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings			<input type="checkbox"/> Savings		

COUNTY USE ONLY \_\_\_\_\_ WORKER INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

7 Was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If YES, complete below.  YES  NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

8 Was there a change in payments made to persons who are claimed as federal income tax dependents who are not living with you or your spouse?  YES  NO  
If YES, explain what changed, list name of person(s), amount paid and who paid:

9 Did you or your spouse pay any court-ordered support in the month?  YES  NO  
If YES, enter the amount paid and attach receipts: \$

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of noncitizens that you sponsor and who will receive Cash Aid, recent or expected changes in income, etc.?  YES  NO  
If YES, explain the change and if it is expected to be temporary or permanent, and give the date of change.

### CERTIFICATION SECTION

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I understand that failing to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

#### SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete for the entire report month.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

#### NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained in this report is true and correct and is complete for the entire report month.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

### COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamps Sponsor/Sponsor's Spouse Income Computation																																																																																							
<table border="0"> <tr> <td>A. ITEMS</td> <td>VALUE</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Total</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>C. Less: Food Stamp Deduction (\$1500)</td> <td>CW X FS \$1500</td> <td></td> </tr> <tr> <td>D. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>E. Total number of sponsored noncitizens apply for/receiving CW/FS</td> <td></td> <td></td> </tr> <tr> <td>F. Divide D by E</td> <td>= _____</td> <td></td> </tr> <tr> <td>G. Total</td> <td></td> <td></td> </tr> </table> <p>Amount in G to b included in each noncitizen's property limits.</p>	A. ITEMS	VALUE		_____	\$ _____		_____	\$ _____		_____	\$ _____		_____	\$ _____		_____	\$ _____		B. Total	\$ _____		C. Less: Food Stamp Deduction (\$1500)	CW X FS \$1500		D. Subtotal	= _____		E. Total number of sponsored noncitizens apply for/receiving CW/FS			F. Divide D by E	= _____		G. Total			<table border="0"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Unearned Income</td> <td>+ _____</td> <td></td> </tr> <tr> <td>C. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>D. Total number of sponsored noncitizens applying for/receiving CalWORKs</td> <td>÷ _____</td> <td></td> </tr> <tr> <td>E. Divide C by D</td> <td></td> <td></td> </tr> <tr> <td>F. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>G. Number of sponsored noncitizens in this AU</td> <td></td> <td></td> </tr> <tr> <td>H. Multiply E by F</td> <td>x _____</td> <td></td> </tr> <tr> <td>I. Total</td> <td>= _____</td> <td></td> </tr> </table> <p>Amount in I to be deemed income for entire AU.</p>	A. Earned Income	\$ _____		B. Unearned Income	+ _____		C. Subtotal	= _____		D. Total number of sponsored noncitizens applying for/receiving CalWORKs	÷ _____		E. Divide C by D			F. Subtotal	= _____		G. Number of sponsored noncitizens in this AU			H. Multiply E by F	x _____		I. Total	= _____		<table border="0"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>B. Less 20%</td> <td>- _____</td> <td></td> </tr> <tr> <td>C. Unearned Income</td> <td>+ _____</td> <td></td> </tr> <tr> <td>D. Gross Income Deduction for sponsor's household size</td> <td>- _____</td> <td></td> </tr> <tr> <td>E. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>F. Total number of sponsored noncitizens applying for/receiving Food Stamps</td> <td>÷ _____</td> <td></td> </tr> <tr> <td>G. Divide E by F</td> <td></td> <td></td> </tr> <tr> <td>H. Total</td> <td>= _____</td> <td></td> </tr> </table> <p>Amount in H to be deemed income for each sponsored noncitizen.</p>	A. Earned Income	\$ _____		B. Less 20%	- _____		C. Unearned Income	+ _____		D. Gross Income Deduction for sponsor's household size	- _____		E. Subtotal	= _____		F. Total number of sponsored noncitizens applying for/receiving Food Stamps	÷ _____		G. Divide E by F			H. Total	= _____	
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