

SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR CALFRESH

Important Information For Noncitizens Sponsored By Individuals

As a noncitizen who is sponsored by an individual(s), you must meet special rules to get Cash Aid and/or CalFresh.

The Special Rules Are:

- Your sponsor's income and resources will have to be reviewed to see if you can get benefits. Your sponsor must fill out the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to report your income and resources every six months to keep getting Cash Aid and CalFresh 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 keep getting their benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor. Let the county know if you need help.**
- If your sponsor has abandoned you (you don't know where they are or they don't help you out) you might still be able to get benefits.

Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or CalFresh. If you signed an affidavit of support, State regulations require the county welfare department to review 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 semi-annual period (every six months)** you will have to report your income, resources, and property on either this form or on the Sponsor's Semi-Annual Income and Resources Report (SAR 72). The noncitizen will give you the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each semi-annual period, 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

(Supplement to the SAWS 2, Application For CalFresh 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 ()
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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: CalWORKs/TANF/cash assistance, CalFresh/SNAP/food benefits 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 CalFresh, 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, CalFresh 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

6 Are you or your spouse currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.							COUNTY USE ONLY			
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				
7 Do you or your spouse receive or expect to receive any other income such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below and attach proof of the income.							Check if Exempt	Specify Verification and Date Reviewed:		
Name	Type of Income	Amount	How Often Received			<input type="checkbox"/> Yes <input type="checkbox"/> No				
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No				
		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No				
8 Will there be any changes to this income in the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below what change is expected. Attach any proof you may have such as: a letter from an employer, benefit award letter, etc.										
Whose income will change?	What income will change?	How and when will it change?								
9 Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.										
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					
10 Do you or your spouse own (or are you buying) any real property, such as: a house, land, building, etc? If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No							Check if Exempt	Date Registration and Records Viewed		
Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ 2. _____		
11 Do you or your spouse own or use or are you buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc? If Yes, complete, section below: <input type="checkbox"/> Yes <input type="checkbox"/> No							Check if Exempt	Vehicle Valuation		
Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed						
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Yes <input type="checkbox"/> No				1. \$ _____ 2. \$ _____	
12 Do you or your spouse who receive income pay any court-ordered support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter the monthly amount \$ _____ Who pays? _____							<input type="checkbox"/> Verified			
13 Do you or your spouse make support payments to other persons not living in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below:							<input type="checkbox"/> Verified			
Who Pays			To Whom Paid (Name)			Amount Paid				
						\$				
						\$				
						\$				
						\$				
14 Do you or your spouse own or use personal property or resources such as: Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value				
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		1. _____				
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		2. _____				
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. _____				
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		4. _____				

CERTIFICATION

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, CalFresh 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 CalFresh. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for CalFresh. In the CalWORKs and CalFresh 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 CalFresh benefits 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 SPOUSE 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 CalFresh 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	CalFresh Sponsor/Sponsor's Spouse/Registered Domestic Partner Computation																																																																																																																																																																																																																																																																																																																																																								
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F. Total number of sponsored noncitizens replace applying for/receiving CalFresh																																																																																																																																																																																																																																																																																																																																																										

G. Total (Divide E by F)		=																																																																																																																																																																																																																																																																																																																																																								

Amount in G to be deemed income for each sponsored noncitizen.																																																																																																																																																																																																																																																																																																																																																										

WORKER SIGNATURE	WORKER SUPERVISOR	DATE
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