

SPONSOR'S STATEMENT OF FACTS INCOME AND RESOURCES

(Supplemental Application for Cash Assistance Program for Immigrants)

(TO BE COMPLETED BY SPONSOR AND SPONSOR'S SPOUSE, IF APPLICABLE)

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER) AND RETURN IT TO THE CAPI APPLICANT/RECIPIENT OR THE COUNTY REPRESENTATIVE.

CAPI Applicant/Recipient Name and Address

The information you provide on this statement is on behalf of the noncitizen indicated above to determine his/her eligibility for the Cash Assistance Program for Immigrants (CAPI).

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

1. SPONSOR'S SOCIAL SECURITY NUMBER (VOLUNTARY)*	DATE OF BIRTH
NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	

2. SPOUSE'S SOCIAL SECURITY NUMBER (IF LIVING TOGETHER) (VOLUNTARY)*	DATE OF BIRTH
NAME (FIRST, MIDDLE, LAST)	HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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	TYPE OF ASSISTANCE	MONTHLY AMOUNT	COUNTY	STATE
		\$		
		\$		

4. Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? YES NO

NAME OF PERSON(S)	RELATIONSHIP	DATE OF BIRTH	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

4A. I currently provide the following amount of support each month to the CAPI applicant(s)/recipient(s) named at the top of this form:
MONTHLY AMOUNT OF CASH SUPPORT PROVIDED: \$ _____
OTHER NON-CASH SUPPORT (Shelter, food, transportation, clothing, etc.) **Please describe:** _____

COUNTY USE ONLY

CASE NAME: _____

CASE #: _____

WORKER #: _____

VERIFIED:

Affidavit of Support on File

USCIS Verification

Other: _____

VERIFIED:

Letter on File

Verbal Communication

Other: _____

IRS Form 1040 Reviewed

Other: _____

5. Are you or your spouse currently employed? YES NO
 If Yes, complete section below. Attach paystubs or other proof of earnings.

COUNTY USE ONLY

Name	Name of Employer	Gross pay (Before Deductions)	How Often Paid (Weekly, monthly, etc.)	Commissions or Tips

VERIFIED:

Enter Date Viewed		
Wage Stubs	Tax Returns	Other

6. Are you or your spouse self-employed? YES NO
 If Yes, list business expenses on a separate sheet of paper and attach proof of income and expenses or provide latest tax return.

7. Do you or your spouse receive or expect to receive any other income such as: Social Security benefits, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc? YES NO
 If Yes, complete section below and attach proof of the income.

Specify Verification and Date Reviewed:

Name	Type of Income	Amount	How Often Received

Verification on File:

Yes
 No

8. If you answered No to both question 5 and 6, how do you support yourself?

9. Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.

VERIFIED:

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	Stock, 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

Enter Date Viewed		
Bank Statements	Certificates	Other

Type of Resource	Owner	Current Value	Location (Home, Bank Address, etc)	Account Number
		\$		
		\$		
		\$		

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: YES NO

Date Records Viewed?

Name	Type of Property	Address/Location	How Used? (Home, Rental, etc.)	Balance Owed	Value	Name of Mortgage Co.
				\$	\$	
				\$	\$	

1. _____
 2. _____

11. Do you or your spouse own or use or are you buying any motor vehicle, such as: A car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete section below: YES NO

Name	Year, Make, Model	Balance Owed	Value
		\$	\$
		\$	\$
		\$	\$

IMPORTANT INFORMATION FOR SPONSORS:

The noncitizen you sponsored has applied for cash aid under the Cash Assistance Program for Immigrants (CAPI). 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. 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 benefits under CAPI is approved, you are required to report any changes in your income or resources to the county/consortium welfare worker within ten days of the change occurring. You will also have to complete a new Sponsor Statement of Facts and provide proof of income and resources at each redetermination. If you fail to do this, the noncitizen's CAPI benefits may be stopped.

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

***SOCIAL SECURITY NUMBER**

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 Supplemental Security Income/State Supplementary Payment (SSI/SSP) program (42 U.S.C. 1382(f)(3)). 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. It is VOLUNTARY for you to furnish your social security number (SSN). Your SSN will be used as an identifier for record keeping purposes. In addition, there is a possibility that your SSN will be used to enable a third party or an agency to assist the county welfare department in establishing rights to CAPI payments.

SPONSOR/SPONSOR'S SPOUSE'S CERTIFICATION

- **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 the reporting requirements as outlined above.**
- **I understand that I may be required to repay any benefits which are overpaid because of incorrect or incomplete reported information.**
- **I understand that the term for counting/considering a sponsor's income and resources is normally ten years.**
- **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 FORMS:

DATE: