

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

This form must be completed by the applicant/recipient when applying for CAPI and at every redetermination.

Applicant's or Recipient's Name:	Case Number:	
Telephone Number:	Message Telephone Number:	
Residence Street Address:		
Residence City:	State:	Zip Code:
Mailing Street Address (if different than your residence address):		
Mailing Address City:	State:	Zip Code:

Are you homeless? Yes No "Homeless" means you do not have a permanent residence (such as temporarily staying with friends/family or sleeping in a shelter or car) and you do not live in an institution. If Yes, please skip to Part C.

You will be asked questions about your household expenses and contributions. If you are living with other people at the same address, you should not count them unless you are in the same "household" with them.

What is a household? Members of a household share a common living space and combine money to pay for household expenses (such as rent, utilities, and food). A household can be one person or multiple people. Sometimes more than one household live together under the same roof.

PART A: LIVING ARRANGEMENTS

1. What date did you move to this address? _____
2. How many people live in your household (including yourself)? _____
3. Do you live in a medical facility (e.g., hospital or skilled nursing facility)? Yes No
4. Do you live in a residential care facility/assisted living facility? Yes No
5. Does a relative, conservator, or legal guardian provide you with personal care and/or supervision to ensure your health and safety? Yes No

6. Which of the following applies to your living arrangement (choose only one)?

- OWN** (Skip to Question #20)
- RENT—LIVE ALONE OR ONLY WITH MY SPOUSE AND/OR MINOR CHILD(REN)** (Skip to Question #20)
- RENT—LIVE WITH OTHERS** (Continue to Question #7)
- DO NOT RENT, BUT I CONTRIBUTE MONEY** (Skip to Question #16)
- DO NOT RENT, AND I LIVE HERE FOR FREE** (Skip to Question #16)

7. Write the name, address, and phone number of your landlord:

Name: _____ Phone Number: _____

Address: _____

8. Does your landlord charge you rent? Yes No
9. Would your landlord ask you to move out if you stopped paying rent? Yes No Unsure
10. Would your landlord continue to hold you responsible for back rent if you were evicted for nonpayment of rent? Yes No Unsure
11. Do you and your landlord make decisions together regarding home repairs, improvements, and daily activities (e.g., food purchases, TV cable, phone service, etc.)? Yes No
12. Are any of the bills for the place where you live in your name? Yes No
13. Do you and your landlord combine money for any household expenses? Yes No
14. Do you have access to only part of the residence? Yes No
15. Do you have a bedroom, cooking facilities, or a bathroom for your exclusive use? Yes No
16. Do you buy most of your own food? Yes No
17. Do you store your food separately from the rest of the household? Yes No
18. Do you prepare or eat meals separately from the rest of the household? Yes No
19. Would you like information about how to access food resources in your area? Yes No
20. Do all other household members receive some type of public assistance such as CalWORKs, BIA, SSI/SSP, VA pension, CAPI or General Assistance/General Relief? Yes No
21. Do you or your spouse get help from anyone to pay for food, rent, mortgage, property insurance, utility bills, or other household expenses? For example, check "Yes" if a family member, friend, or third party gives you money to pay for the above-mentioned items. Yes No

24. If you share household expenses with others who live in your household (other than your spouse, if any), write the amount that you (and your spouse, if any) contribute in cash each month. If you live alone or just with your spouse (and/or child(ren) under the age of 18), please write "0".

\$ _____

25. What date did you start contributing the amount you listed in Question #24? (month/day/year)?

PART C: SIGNATURE

Signature of the CAPI Applicant/Recipient

I declare, under penalty of perjury under the laws of the State of California, that all answers that I have given and all statements on this form are correct and true to the best of my knowledge.

Signature of Applicant/Recipient or Authorized Representative:	Date:
First Witness Signature (If marked with an "X"):	Date:
Second Witness Signature (If marked with an "X"):	Date:
Signature of interpreter or person completing form on your behalf:	Relationship:
Telephone Number:	Date:

If you pay expenses to another person in your household, the head of household must review and sign this form. Head of household is someone in a shared household who is primarily responsible for household expenses and has ownership interest or rental liability. This section does not apply if you're the only person in your household, or if you only live with your spouse and/or minor child(ren).

Signature of the Head of Household

I declare, under penalty of perjury under the laws of the State of California, that all the information above regarding total household expenses and the CAPI applicant's/recipient's cash contributions is correct and true to the best of my knowledge.

Head of Household's Signature:	Date:	Telephone Number:
Head of Household's Printed Name:	Relationship:	

