

REPORT MONTH: _____

SPONSOR'S SEMI-ANNUAL INCOME AND RESOURCES REPORT (Supplement to the SAR 7)

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE GIVE THIS FORM TO YOUR SPONSOR. YOU AND YOUR SPONSOR(S) MUST SIGN AND DATE THIS FORM AFTER THE LAST DAY OF THE REPORT MONTH AND RETURN IT BY THE 5th OF _____ WITH YOUR SAR 7.
(MONTH)

CASE NUMBER _____

NEED HELP? (County specific instructions w/county unurl)

Worker Name: _____ [Dist. ID here]
 Worker Phone : () _____
 County: _____
 Street Address: _____
 City, State, Zip Code _____

Barcode: _____

SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if your spouse has signed an affidavit of support) must complete and sign this report after the end of the Report Month listed at the top of this form and return it immediately to the non-citizen you sponsor.
- Call the county if you need help completing this form.

1. Sponsor's Name (First, Middle, Last) _____

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

2. Spouse's Name (First, Middle, Last) _____ Has spouse signed an affidavit of support? YES NO

3. Do you and/or your spouse get cash aid, such as CalWORKs or SSI? If "YES", complete below. YES NO

| CASE NAME | DATE OF BIRTH | TYPE OF CASH AID | COUNTY | STATE |
|-----------|---------------|------------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |

4. During the Report Month did you and/or your spouse get income, money or benefits, 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 refunds, cash gifts, free housing/utilities, etc.? YES NO

If "YES", list WHO got income, employer's name or other source of income, GROSS amount BEFORE deductions (such as taxes, social security or other retirement deductions, garnishments, support, etc.) and actual date they got the income. Attach paystubs or other proof of earnings for the Report Month. Attach proof of any other type of 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 \$ | AMOUNT \$ | AMOUNT \$ | AMOUNT \$ | AMOUNT \$ |
|------|--------|---------------|---------------|---------------|---------------|---------------|
| | | DATE RECEIVED | DATE RECEIVED | DATE RECEIVED | DATE RECEIVED | DATE RECEIVED |
| | | | | | | |
| | | | | | | |

5. Will there be any changes to this income in the next six months? 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. YES NO

| | | |
|---------------------------|--------------------------|------------------------------|
| Whose income will change? | What income will change? | How and when will it change? |
| | | |

If both you and your spouse (if living with you) receive Cash Aid, skip to Question 11 and complete the Certification Section.

6. Since your last report, did you or your spouse have any changes in personal and/or real property, such as: Got, bought, sold, traded, or gave away a motor vehicle, camper, boat, land or house, etc.? If "YES", please explain the type of change and the amount, if applicable. YES NO

7. Did you or your spouse have a checking, savings or credit union account at the end of the Report 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

8. Since your last report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? YES NO
If "YES", complete below.

| 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 | | |

9. Since your last report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? YES NO
If "YES", explain what changed, list the name of the person(s), amount paid and who paid:

10. During the Report Month, did you or your spouse pay any court-ordered support? YES NO
If "YES", enter the amount paid and attach receipts: \$

11. Do you or your spouse have any other information to report such as: A new address, a change in the number of noncitizens you sponsor and who will get cash aid, recent or anticipated changes in income, etc.? YES NO
If "YES", explain the change and if you know if it will be temporary or permanent, and give the date of the change.

CERTIFICATION SECTION

- I understand that the term for sponsorship is normally an indefinite period of time.
- I understand that failure to report information or purposely giving the wrong facts for cash aid is a crime and I can be fined, go to jail or both.
- I understand that I may have to pay back any benefits that are overpaid because I did not give all of the facts or gave the wrong information.

SPONSOR'S CERTIFICATION

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

| | |
|--|------|
| 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 in this report is true, correct and complete.

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

COUNTY USE ONLY SECTION

| Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources | CalWORKs Sponsor/Sponsor's Spouse Income Computation | CalFresh Sponsor/Sponsor's Spouse Income Computation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------|----------|--|-------|----------|--|-------|----------|--|-------|----------|--|-------|----------|--|----------|----------|--|--------------------------------------|-------|-----------|-------------|---------|--|---|--|--|----------------------------|--|--|--|------------------|----------|--------------------|---------|-------------|---------|--|-------|------------------|---------|---|-------|----------------------------|---------|--|------------------|----------|-------------|---------|--------------------|---------|--|---------|-------------|---------|--|-------|--------------------------|---------|
| <table border="1"> <tr> <td>A. ITEMS</td> <td colspan="2">VALUE</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: CalFresh Deduction (\$1500)</td> <td>CW NA</td> <td>CF \$1500</td> </tr> <tr> <td>D. Subtotal</td> <td>= _____</td> <td></td> </tr> <tr> <td>E. Total number of sponsored noncitizens applying for/receiving CW/CF</td> <td></td> <td></td> </tr> <tr> <td>F. Total (Divide D by E) =</td> <td></td> <td></td> </tr> </table> | A. ITEMS | VALUE | | _____ | \$ _____ | | _____ | \$ _____ | | _____ | \$ _____ | | _____ | \$ _____ | | _____ | \$ _____ | | B. Total | \$ _____ | | C. Less: CalFresh Deduction (\$1500) | CW NA | CF \$1500 | D. Subtotal | = _____ | | E. Total number of sponsored noncitizens applying for/receiving CW/CF | | | F. Total (Divide D by E) = | | | <table border="1"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> </tr> <tr> <td>B. Unearned Income</td> <td>+ _____</td> </tr> <tr> <td>C. Subtotal</td> <td>= _____</td> </tr> <tr> <td>D. Total number of sponsored noncitizens applying for/receiving CalWORKs</td> <td>_____</td> </tr> <tr> <td>E. Divide C by D</td> <td>= _____</td> </tr> <tr> <td>F. Number of sponsored noncitizens in this AU</td> <td>_____</td> </tr> <tr> <td>G. Total (Multiply E by F)</td> <td>= _____</td> </tr> </table> | A. Earned Income | \$ _____ | B. Unearned Income | + _____ | C. Subtotal | = _____ | D. Total number of sponsored noncitizens applying for/receiving CalWORKs | _____ | E. Divide C by D | = _____ | F. Number of sponsored noncitizens in this AU | _____ | G. Total (Multiply E by F) | = _____ | <table border="1"> <tr> <td>A. Earned Income</td> <td>\$ _____</td> </tr> <tr> <td>B. Less 20%</td> <td>- _____</td> </tr> <tr> <td>C. Unearned Income</td> <td>+ _____</td> </tr> <tr> <td>D. Gross Income Deduction for sponsor's household size</td> <td>- _____</td> </tr> <tr> <td>E. Subtotal</td> <td>= _____</td> </tr> <tr> <td>F. Total number of sponsored noncitizens applying for/receiving CalFresh</td> <td>_____</td> </tr> <tr> <td>G. Total (Divide E by F)</td> <td>= _____</td> </tr> </table> | 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 CalFresh | _____ | G. Total (Divide E by F) | = _____ |
| A. ITEMS | VALUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Total | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Less: CalFresh Deduction (\$1500) | CW NA | CF \$1500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Subtotal | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Total number of sponsored noncitizens applying for/receiving CW/CF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Total (Divide D by E) = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Earned Income | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Unearned Income | + _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Subtotal | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Total number of sponsored noncitizens applying for/receiving CalWORKs | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Divide C by D | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Number of sponsored noncitizens in this AU | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Total (Multiply E by F) | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 CalFresh | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Amount in F to be included in each noncitizen's property limits. | Amount in G to be deemed income for entire AU. | Amount in G to be deemed income for each sponsored noncitizen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |