

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

APPLICANT'S/RECIPIENT'S NAME		APPLICANT'S SOCIAL SECURITY NUMBER	
SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS: STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		MESSAGE TELEPHONE NUMBER	

## PART A - LIVING ARRANGEMENTS: Statement of the CAPI applicant/recipient and spouse

1. What date did you move to this address? \_\_\_\_\_  
(MONTH/DAY/YEAR)
2. How many people live in this residence? (Count yourself, your spouse, children and all others.) \_\_\_\_\_
3. Do all other household members receive some type of public assistance such as CalWORKs, BIA, SSI/SSP, VA Pension, CAPI, or GA/GR?  Yes  No
4. Do you (or your spouse) **own** or are you buying the home you live in?  Yes  No
5. Do you (or your spouse) **rent** the home you live in?  Yes  No
6. Are you (or anyone who lives with you) the parent or child of the landlord or landlord's spouse?  Yes  No
7. a. Does any organization or person **who does not live with you** help you (or your spouse) pay for food, rent, mortgage, property insurance, utility bills, or other household expenses? If yes, answer 7b.  Yes  No  
 b. Item: \_\_\_\_\_ Contributor: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
8. Do you buy all your own food?  Yes  No

## PART B - TOTAL HOUSEHOLD EXPENSES: Expenses paid by entire household

9. a. Please enter the amount the entire household pays each month for the following items.  
 Write the total amount paid on behalf of everyone who lives in this residence, including yourself, spouse, children, and all others. Enter the full monthly rent or mortgage for the house or apartment, cost of food for everyone, etc.  
 Food (unless you buy your own food separately): \_\_\_\_\_ Gas: \_\_\_\_\_  
 Rent or mortgage: \_\_\_\_\_ Electric: \_\_\_\_\_  
 Property Insurance: \_\_\_\_\_ Water: \_\_\_\_\_  
 Property Taxes: \_\_\_\_\_ Sewage: \_\_\_\_\_  
 Garbage: \_\_\_\_\_
- b. If you share household expenses with others who live with you, write the amount you and your spouse contribute in cash each month. \$ \_\_\_\_\_
- c. What date did you start contributing this amount? \_\_\_\_\_  
(MONTH/DAY/YEAR)

## PART C - SIGNATURE: If the CAPI applicant/recipient pays household expenses to another person who lives in the same residence, or shares expenses with a person who lives in the same residence, that other person (called "Head of Household") must review this form, verify that it is accurate, and sign below.

### 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	DATE	SIGNATURE OF SPOUSE	DATE
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### Head of Household

I declare under penalty of perjury under the laws of the State of California that all 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.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	TELEPHONE NUMBER
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