

## REFUGEE CASH ASSISTANCE PROGRAM PARTICIPANTS APPLICATION FOR RECERTIFICATION

To continue receiving timely Refugee Cash Assistance (RCA) payments, please complete, sign, date, and return this Application for Recertification to your case worker before the end of your recertification period.

Client Name: \_\_\_\_\_

Client Alien Number: \_\_\_\_\_

### Contact Authorization

Please provide the Local Resettlement Agency the best contact information to reach you, should they have follow-up questions, as it helps with processing your recertification. By providing your contact information below, you are authorizing the Local Resettlement Agency to contact you by phone, email, text, or to leave a phone message regarding your application.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Check Box For Text

Email Address: \_\_\_\_\_

Please fill out the below information to the best of your knowledge:

	Yes	No
1) Did anyone join your household this month?		
2) Did any household member included in your Refugee Cash Assistance (RCA) application move out of Arizona this month?		
3) Please provide your current address, including street name, city, zip code, and apartment number, if applicable.		
4) If you are a Cuban or Haitian Entrant, or have parole status, has any member of your household, as pertains to RCA, been issued an Order of Removal by a United States immigration judge? <i>Not applicable for those who are not Cuban or Haitian Entrants</i>		
5) Has any member of your household been included in your RCA application been granted Employment Authorization?		
6) Is any member of your household, as pertains to RCA, currently receiving any other type of government-issued cash assistance, such as Social Security Income, Social Security Disability Insurance, or Temporary Assistance for Needy Families (TANF)?		
7) Have you or any member of your household, as pertains to RCA, become employed this month or have been employed?  If yes, please provide proof of the household member's or members' income for the prior month through paystubs, bank statements, or a Income Attestation Form.		
8) Have the expenses of your household, as pertains to RCA, changed since last month?  If yes, please provide proof of that change through copies of rental agreements, bills, receipts, or a Budget Attestation form.		

**CERTIFICATION**

**Please read carefully, sign, and date. By signing this form:**

I understand that by signing this recertification application under penalty of perjury, that:

- I have read, or had read to me, the information in this recertification application and my answers to the questions in this recertification application.
- I declare that the information provided is completely accurate and truthful to the best of my ability and/or recollection.
- I understand that providing false or misleading statements or misrepresenting, hiding, or withholding information to establish eligibility for RCA is fraud and will be subject to legal action and overpayment recovery of benefits received.

TO CONTINUE RECEIVING BENEFITS, YOU MUST SIGN AND DATE THIS APPLICATION BEFORE THE LAST DAY OF YOUR RECERTIFICATION PERIOD.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receipt by Intake Contractor: \_\_\_\_\_ Date: \_\_\_\_\_