

REFUGEE CASH ASSISTANCE CLIENT EMPLOYMENT & INCOME ATTESTATION FORM

This form provides Refugee Cash Assistance (RCA) beneficiaries an opportunity to attest to any income earned during their RCA eligibility period. This form will be used for adult clients when initially enrolled in RCA and whenever a beneficiary reports a change in employment or income, is unable or unwilling to provide documentation of income as outlined below, and the RCA caseworker is unable to verify the beneficiary's employment and employment income with the beneficiary's employer.

To report **no income from any sources**, complete the following:

1. I _____ (Full Name) attest and affirm that I am currently not receiving an income from any source.

To report **income from employment**, complete the following:

1. I _____ (Full Name), attest and affirm that I am currently employed by:
Business Name: _____
Business Address: _____
Business Telephone: _____
2. Employment start date: _____ (Month, Day, Year)
3. I attest and affirm that my current salary or hourly wage is \$ _____
a. If you work on a contract basis or work intermittently, please indicate your previous month's income. If your employment began less than thirty (30) days prior to the date of this attestation, please indicate your projected monthly income: \$ _____
4. I attest and affirm that I am currently working _____ hours per week.
a. If you do not work a consistent number of hours weekly, please indicate your most recent hours worked in a previous week. If your employment began less than thirty (30) days prior to the date of this attestation, please indicate your projected weekly work hours: _____

For **non-employment related income** changes, please complete the following:

1. I _____ (Full Name), attest and affirm that I am currently receiving non-employment income from _____ (list income source).
a. I attest and affirm that the total income I receive from non-employment sources is: \$ _____

I understand that I must report any changes in my income, monthly living expenses (i.e. housing, transportation, utilities, communication, household supplies, medical, and child care costs), and household size to my caseworker within thirty (30) days of the change. I understand that any changes I report might impact the amount of benefits for which I qualify. I understand that I can report these changes by calling, emailing, or through in-person communication with my caseworker.

I understand that if I have a change in income; either through employment, monthly expenses, or other means, and do not report this income change to my caseworker, I am required to repay overpayments to the Arizona Refugee Resettlement Program through overpayment collections. I certify, under penalty of perjury, that all information provided in or with this document is true and accurate to the best of my knowledge. I further certify that all documents and attestations that I have provided are genuine, and that I have not intentionally withheld or altered any information that might be relevant to my RCA eligibility for RCA.

I understand that the Department of Economic Security may investigate and contact any sources necessary to review the accuracy of the information that pertains to my RCA eligibility. If I intentionally hide, alter, or provide false information to obtain RCA benefits for which I am ineligible, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Interpreter Name and Signature: _____ Date: _____
(If interpretation was declined, please enter "N/A" above)

Client Signature if Declining Interpreter: _____