

REFUGEE CASH ASSISTANCE AFFIDAVIT OF HOUSEHOLD SIZE

In order to identify all members of the household and their familial relationship to you, please complete the table below. A family unit is defined as a married couple with or without dependent children.

Name <i>(First and Last)</i>	Age	Address	Relationship to Primary Applicant	Does this individual have a separate budget from you?

I, _____, understand that by signing this recertification application under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief. By signing this Affidavit of Household Size I am affirming the household membership and family unit size, and declaring that I will not comingle benefits issued separately to me with other members of the household that I have listed as not being a part of my family unit. I also agree to update my caseworker of any future changes in my household size.

I understand that if I intentionally provide information or statements later identified as inaccurate or untruthful, I will be subject to legal action and overpayment recovery of RCA benefits received.

In the event that my household size changes, I understand that I will need to notify an RCA case worker within five business days of these changes and will re-sign this document with the correct household size information.

Applicant Name: _____

Applicant Signature: _____ Date: _____

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

Client Signature if Declining Interpreter: _____