

## REFUGEE CASH ASSISTANCE HOUSEHOLD BUDGET ATTESTATION FORM

Use this form to attest to your household budget during your initial Refugee Cash Assistance (RCA) application and to report a change in your household budget during your RCA eligibility period, if you are:

1. Unable to provide documentation about your household budget;
2. Your RCA caseworker is unable to verify the following household budget items.

### PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CURRENT HOUSEHOLD BUDGET

1. Housing cost: \_\_\_\_\_ (*monthly cost*).
  - a. Please list type (*rent, mortgage, sublease, etc.*) \_\_\_\_\_
2. Utilities costs: \_\_\_\_\_ (*total estimated average monthly cost*).
  - a. Water: \_\_\_\_\_
  - b. Sewer: \_\_\_\_\_
  - c. Trash: \_\_\_\_\_
  - d. Electricity: \_\_\_\_\_
  - e. Other (*please specify*): \_\_\_\_\_
3. Transportation cost: \_\_\_\_\_ (*total estimated average monthly cost*).
  - a. Please list type (*bus passes, gas, car insurance, etc.*): \_\_\_\_\_
4. Communication technology cost: \_\_\_\_\_ (*total estimated average monthly cost*).
  - a. Please list type (*cell phone bill, internet bill, etc.*): \_\_\_\_\_
5. Laundry and necessary household costs: \_\_\_\_\_ (*total estimated average monthly cost*).
  - a. Please specify: \_\_\_\_\_
6. Medical costs (*not covered by the Arizona Health Care Cost Containment System*): \_\_\_\_\_ (*total estimated average monthly cost*).
7. Childcare costs: \_\_\_\_\_ (*monthly cost*).

## CLIENT ATTESTATION

I understand that I must report any changes in my income and monthly living expenses as outlined above, and my household size to my caseworker within thirty (30) days of the change. I understand that any changes I report could 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 or other means, I am required to provide documentation and proof of my household budget, or complete the Household Budget Attestation Form to declare any information for which I am unable to provide other documentation. I certify, under penalty of perjury, that all information submitted 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 in order to obtain RCA benefits for which I am ineligible, I could 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: \_\_\_\_\_