

CMSP Supplemental Application – Telephonic Signature Declaration

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this document is true, correct and complete.

Certification

- I understand the questions and statements on this form.
- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
- I understand that the information the county receives from USCIS and/or Social Security may affect my eligibility benefits.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect or incomplete facts, my benefits may be denied or stopped, and I may be prosecuted for providing false information and possibly improperly receiving benefits and fraud.
- I understand that I may be asked to prove my statements and my eligibility may be subject to review.
- I understand that I must report all changes in income, property, and/or other changes to the county within 10 days of any of these changes.
- I understand that the household, specifically any adult member of the household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household or any member of the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation is not eligible for benefits.
- I understand these statements and authorize the signature of the CMSP 215 Supplemental Application.
- Check indicates verbal agreement by applicant

County Worker:	Case Number:	Applicant Name: