SAMPLE SAR 7. Please keep for your records.

If more space is needed, attach a separate piece of paper.
9. Did anyone get income from employment in the Report Month?  □ Yes  □ No (If yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.  

If you lost your job, attach proof.

<table>
<thead>
<tr>
<th>Job #1</th>
<th>Job #2</th>
<th>Job #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person who got income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of income/Employer name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often paid:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross amount of income they got in the report month:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours worked per report month:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?  □ Yes  □ No (If yes, explain here and attach proof.) Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

11. Did anyone get money from any other source in the Report Month:  □ Yes  □ No (If yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veterans Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If no longer get money from a source you previously reported, attach proof.

<table>
<thead>
<tr>
<th>Name</th>
<th>Source of income</th>
<th>One time payment or monthly</th>
<th>How much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Will there be any changes to money received from any other source in the next six months (including income listed in #11)?  □ Yes  □ No (If yes, explain here and attach proof.) Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported?  □ Yes  □ No (If yes, check below and attach proof)

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/ have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance
  - For Age 18 or older student - started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
  - Someone paid for all of my housing, food, clothing or utility costs (please explain). ____________________________
  - Other ____________________________

Please read carefully, sign, and date.

By signing this form:
- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to $250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to determine eligibility.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to $250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.

You MUST sign and date the SAR 7 after the 1st of the MONTH DUE, or it will be incomplete and your benefits may be delayed.

Questions? Call 1-877-410-8809