Mid-Certification Review

To keep getting benefits, you must complete your mid-certification review by mail, drop-off, or phone.

For Cash:	**For Working Family Support:**	**For Basic Food:**
• Answer every question; • Provide proof of income; • Provide proof of all changes; and • Sign and return this review form.	• You do not need to answer questions 3, 4, 5 or 12. • You must provide proof of income and hours worked.	• You do not need to answer questions 3, 4, 5 or 12. • If you receive Basic Food only, you're not required to provide proof of income for this review. However, you can provide proof of a decrease in income for a possible increase in benefits. • Sign and return this review form.

1. Name, Current Address, and Contact Information

FIRST NAME	LAST NAME	CLIENT IDENTIFICATION (ID) NUMBER

STREET ADDRESS WHERE YOU LIVE	CITY	STATE	ZIP CODE

MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP CODE

PRIMARY PHONE NUMBER ☐ CELL ☐ HOME ☐ MESSAGE	SECONDARY PHONE NUMBER(S) ☐ CELL ☐ HOME ☐ MESSAGE

2. People Moving In or Out of Your Home

Did anyone move into or out of your home? ☐ Yes (tell us more below) ☐ No

NAME	RELATIONSHIP TO YOU	DATE MOVED **IN**	DO YOU WANT BENEFITS FOR THIS PERSON?	DATE MOVED **OUT**
			☐ Yes ☐ No	
			☐ Yes ☐ No	

3. Pregnancy (Not Needed for Food Assistance)

Did anyone have a change of pregnancy in the last six months? ☐ Yes (tell us more below) ☐ No

NAME	EXPECTED DUE DATE	PREGNANCY END DATE

4. Cash Resources (Not needed for Food Assistance)

Do the people in your household have cash resources? ☐ Yes (tell us more below) ☐ No

OWNER	CHECKING	SAVINGS	STOCKS	BONDS
	$	$	$	$
	$	$	$	$

5. Vehicles (Not Needed for Food Assistance)

Did someone get a vehicle in the last six months? ☐ Yes (tell us more below) ☐ No

OWNER	MAKE (EXAMPLES: FORD, DODGE)	MODEL (EXAMPLES: FOCUS, NEON)	MODEL YEAR (EXAMPLES: 1998, 2004)	CURRENT VALUE	AMOUNT OWED	IS THIS A LEASED VEHICLE?
						☐ Yes ☐ No

6. New Income / Income that has Stopped

Did someone start or stop getting income in the last six months? ☐ Yes (tell us more below) ☐ No

(EXAMPLES: NEW JOB / UNEMPLOYMENT COMPENSATION / SOCIAL SECURITY / L&I BENEFITS / CHILD SUPPORT)

NAME OF PERSON WITH INCOME	EMPLOYER OR OTHER SOURCE OF INCOME	DID INCOME START OR STOP?	DATE INCOME STARTED	DATE INCOME STOPPED
		☐ Start ☐ Stop		

7. Lottery or Gambling Winnings

Did someone win $4,750 or more in lottery or gambling winnings in the last six months?
☐ Yes (tell us more below) ☐ No

NAME OF THE WINNER	SOURCE OF THE WIN	AMOUNT OF THE WIN (BEFORE TAXES)	DATE RECEIVED
		$	

8. Earnings / Self-Employment Income

NAME OF PERSON WITH INCOME	EMPLOYER AND CONTACT PERSON WHO CAN VERIFY YOUR INCOME	EMPLOYER PHONE NUMBER	PAY RATE (EXAMPLES: $10 PER HOUR / $1,200 PER MONTH / $2 PER BUSHEL)	WEEKLY HOURS WORKED	DAYS PAID (EXAMPLES: 10TH AND 25TH / EVERY OTHER FRIDAY, EVERY TUESDAY / DAILY)
			$ per		
			$ per		

If you or someone else in your home is an able-bodied adult without dependents and receive food assistance, have the work hours fallen below 20 hours per week? ☐ Yes ☐ No

9. Child Support You are Legally Required to Pay

Did someone have a change in their child support order? ☐ Yes (tell us more below) ☐ No

PERSON WHO IS LEGALLY OBLIGATED TO PAY CHILD SUPPORT	NAME OF CHILD COVERED IN SUPPORT ORDER	AMOUNT OF MONTH CHILD SUPPORT ORDER	AMOUNT OF SUPPORT **THEY PAY** PER MONTH
			$

10. Income from Other Sources: Changes in unearned income more than $150 per month must be reported.

NAME OF PERSON WITH INCOME	SOURCE OF INCOME (EXAMPLES: SOCIAL SECURITY / CHILD SUPPORT / L&I BENEFITS / UNEMPLOYMENT COMPENSATION)	HOW OFTEN RECEIVED (EXAMPLES: WEEKLY / MONTHLY)	AMOUNT RECEIVED EACH MONTH
			$
			$

11. Rent / Mortgage / Taxes and Mandatory Fees

LIST **MONTHLY AMOUNTS** OF THE FOLLOWING EXPENSES	LIST **YEARLY AMOUNTS** OF THE FOLLOWING EXPENSES IF NOT INCLUDED IN YOUR MORTGAGE OR LEASE
Mortgage/rent: $ _____	Property taxes: $ _____
Is any part of your mortgage / rent paid by someone else or an agency? ☐ Yes ☐ No	Homeowner's insurance: $ _____
How much do they pay: $ _____	Association/condo fee: $ _____
How much do you pay: $ _____	
Space rent: $ _____	
Required rental fees: $ _____	

12. Utility Costs

What utilities does your household pay for <u>separately</u> from rent or mortgage?
☐ Heat (Electric / Gas) ☐ Electric (Not Heat) ☐ Water ☐ Home / Cell Phone ☐ Sewer
☐ Garbage
☐ I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months.

13. Food Assistance Penalty Warning

We check with other agencies that your information is correct. If any information is incorrect, the persons who apply may not get Food Assistance.
Any member who breaks any of the rules on purpose can be:

- **Subject to prosecution under other applicable Federal and State laws**
- **Disqualified from SNAP for one year up to permanently**
- **Fined up to $250,000**
- **Imprisoned up to 20 years; or**
- **Disqualified from SNAP for an additional 18 months if court ordered.**

If a court finds you guilty of:

Receiving benefits in a transaction involving:	**You may be:**
The sale of a controlled substance.....	**Disqualified from two years to permanently.**
The sale of firearms, ammunition, or explosives	**Permanently disqualified.**
Trafficking benefits of more than $500 combined.....	**Permanently disqualified.**
Residency or identity fraud	**Disqualified for 10 years**

14. Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? ☐ Yes ☐ No

15. Signature and Date

By signing this form I state the information I gave in this document is true, correct, and complete to the best of my knowledge. I know the information I give on this form may stop or reduce my benefits. I know it is a crime to incorrectly receive cash or food benefits by making a false statement on purpose or failing to report something I know I should report. I understand if I provide information I know is incorrect, I could be criminally prosecuted. I understand penalties for intentionally breaking food assistance rules include disqualification, fines, or imprisonment. I understand if I don't provide proof of income changes that increase my benefit for cash or food assistance, changes won't be used to determine my benefits.

SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE	DATE