

## Public Charge Statement

Instructions: We must provide public charge information based on a recent Supreme Court Decision, Please complete this statement for you and a separate statement for each family member that will be filing an application.. Each person must sign their own statement. Children 14 and older must also sign. Please sign on behalf of children 13 and younger.

1. I have received or I am certified to receive the following public benefits (select all that apply)) ☐

- ☐ Any Federal, State, local or tribal cash assistance for income maintenance
- ☐ Supplemental Social Income
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ General Assistance
- ☐ Supplemental Nutrition Assistance Program (SNAP), also called food stamps
- ☐ Section & Housing Assistance under the Housing Choice Voucher Program
- ☐ Section & Project Based Rental Assistance (including Moderate Rehabilitation
- ☐ Public Housing under the Housing Act of 1937, 42 U.S.C..1437 et.seq
- ☐ Federally Funded Medicaid

☐ No, I have not received any of the above listed public benefits

☐ No, I am not certified to receive any of the above listed public benefits

2. If you have received or are certified to receive any of the above public benefits, provide information about the public benefits below.

TYPE OF BENEFIT	AGENCY THAT GRANTED THE BENEFIT
Benefit received from date: _____	Benefit received to date: _____

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Benefit received from date: _____	Benefit received to date: _____

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Benefit received from date: _____	Benefit received to date: _____

Initial \_\_\_\_\_

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3. Do any of the following apply to you?

- ☐ I am enlisted in the Armed Forces, or serving in the active duty or the Ready Reserve Components of the U.S. Armed Forces
- ☐ I am the spouse or the child of an individual who enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces
- ☐ At the time I received the public benefits, my (spouse or parent) was enlisted in the Armed Forces, or serving in the active duty or in the Ready Reserve Component of the U.S. armed forces.
- ☐ At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time I received the public benefits, I was present in the United States after being granted a waiver of the public charge ground of inadmissibility.

4. Have you received, applied for, or has been certified to receive federally –funded Medicaid in connection with any of the following (select all that apply)

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for Secondary education under State law
- ☐ An emergency medical condition
- ☐ While under age 21
- ☐ While pregnant or during the 60-day period following the last day of pregnancy

I certify under the penalties of perjury that the above is true and correct.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Name: \_\_\_\_\_