

COUNTY OF LOS ANGELES

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

General Relief Annual Renewal

<Report Month>

<Report Year>

NEED HELP? CALL THE CUSTOMER SERVICE CENTER (CSC) AT: (866) 613-3777 REPORT MONTH:

YEAR:

You must read, complete, sign, and date the GR 22 form and return it to us. If you do not return the form, including but not limited to, answering all questions and attaching proof when the question says to attach proof, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed. Facts you report may result in your benefits going up, down or stopped.

The following changes are considered mandatory reports; therefore, you must report these changes within five (5) calendar days of the occurrence to the CSC **AND** on your GR 22:

- ✓ New earned income of \$203 or more;
- ✓ New unearned income of \$25 or more;
- ✓ Increased earned or unearned income of \$25 or more;
- ✓ Someone moves in or out of your household;
- ✓ Change of address;
- ✓ The United States Citizenship and Immigration Services (USCIS) made a de termination on your application for a T or U Visa;
- ✓ You or someone in your household is fleeing to avoid prosecution or custody/conviction of a felony; or
- ✓ You or someone in your household is in violation of parole/probation.

1. Has anyone moved into or out of your home (including newborns), or did you move in with someone else?

YES, fill in below

NO

Date of Move (mm/dd/yy)

Name (First, Middle, Last)

Relationship To You

In Out / /

In Out / /

In Out / /

2. Have there been any changes to your address since you last reported?

YES, fill in below

NO

Update New Home Address

Number Street Name Apartment # City State Zip Code

Date Moved:

New Housing Cost: \$

Phone Number:

I am homeless and have a mailing address

I am homeless and would like to use the District Office mailing address

3. Have you or has someone in your household:

A. Fled to avoid prosecution or custody/conviction of a felony; or

B. Been in violation of parole/probation?

YES, fill in below

NO

Name:	Where convicted?	Date of Conviction:

4. Did anyone: Get, buy, sell, trade, or give away any property, land, home, cars, bank accounts, money, payments (such as, lottery or casino winnings, retroactive social security, tax refunds), or other property items since the last report?

YES, list all items below and **attach proof**

NO

Household member name	Type of Property	Value	Date(s) (month, day, year)

What happened to your property?

Bought Sold Gave away Got as a gift Traded Won Open /close (example: bank account)

Other (Explain):

5. Did you or anyone in your household receive any income or any other source(s) in the ReportMonth?

YES, fill in below and **attach proof**

NO

The **Report Month** is listed at the top of the first page. List each income for each person that received it. If you need more space, attach a separate piece of paper. Examples include salary, self-employment, Social Security, Unemployment Compensation, State Disability (SDI), Child/Spousal Support, etc. **If your income stopped, attach proof.**

	Income #1		Income #2		Income #3	
Name of person who received income:						
Employer name:						
How often paid:	Weekly Monthly Other	Biweekly Twice Monthly	Weekly Monthly Other	Biweekly Twice Monthly	Weekly Monthly Other	Biweekly Twice Monthly
Gross amount of income received in the report month:	\$ Date(s) Received:		\$ Date(s) Received:		\$ Date(s) Received:	
Hours worked per month:						

6. Will there be any changes to anyone's job or from any other source(s) of income in the next six months?

Examples of changes: An increase or decrease in income or benefits, or if you or anyone in your home will start or stop getting income or benefits.

YES, explain below and **attach proof**

NO

7. Have any of the following or any other changes happened to anyone in your home?

YES, list below and **attach proof**. Attach a separate sheet of paper if needed.

NO

Family Change [Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, death, became pregnant, had a baby, or no longer pregnant?]

Disability (Became disabled or recovered from a disability or major illness?)

Work (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)

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 Supportive Services (Started or stopped getting services?)

School Attendance (For Student - stopped or started attending school regularly?)

Other:

CERTIFICATION – FRAUD WARNING

I UNDERSTAND THAT: If I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in General Relief, is wrongly paid out as a result of such action.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:	You or your aided spouse or aided domestic partner if living in the home.		
SIGNATURE OR MARK	DATE SIGNED	HOME PHONE/CELL PHONE	
SIGNATURE OF AIDED SPOUSE OR AIDED DOMESTIC PARTNER	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED