## Monthly Eligibility Report (MER)

## Report is for Month/Year:

Head of Household Name:

## Directions:

- DUE ON THE $1^{\text {ST }}$ OF THE MONTH (or next business day if the $1^{\text {st }}$ is a holiday or weekend); complete, sign and return this report on the $1^{\text {st }}$ of the month to avoid sanctions and/or penalties.
- Answer questions below for all adults and/or children receiving cash assistance, Transitional services, or P3/4 services.
- Non-Needy Caretakers, please answer for child(ren) only.
- Do NOT leave blanks; write "N/A" or cross out.
- Use BLUE or BLACK INK ONLY.

| 1. Did anyone receive money from a job or training program? |  |  | $\square$ No $\square$ Yes If yes, complete below |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Report any earned income, including tips, vacation pay, income in kind such as earned housing, etc. Report voluntary deductions and certain garnishments; money taken for certain benefits and garnishments. If self-employed, complete the Profit \& Loss form. |  |  |  |  |  |
| Who received income: |  | Name of Employer/Program: |  |  |  |
| Pay Date | 1 / | 1 / | $1 /$ | 1 / | 1 |
| Net Income | \$ | \$ | \$ | \$ | \$ |
| Subsidized Employment | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes |
| Please Report Voluntary Deductions |  |  |  |  |  |
| Life Insurance | \$ | \$ | \$ | \$ | \$ |
| Accidental Death Insur. (AD\&D) | \$ | \$ | \$ | \$ | \$ |
| Long/Short Term Disability | \$ | \$ | \$ | \$ | \$ |
| Flexible Spending Account | \$ | \$ | \$ | \$ | \$ |
| Employee Dining/Cafeteria | \$ | \$ | \$ | \$ | \$ |
| Garnishments (exclude child support) | \$ | \$ | \$ | \$ | \$ |
| Loans (e.g. auto payments, etc.) | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |


| Who received income: |  | Name of Employer/Program: |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Pay Date | 11 | 11 | 11 | 1 | 1 |
| Net Income | \$ | \$ | \$ | \$ | \$ |
| Subsidized Employment | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes |
| Please Report Voluntary Deductions |  |  |  |  |  |
| Life Insurance | \$ | \$ | \$ | \$ | \$ |
| Accidental Death Insur. (AD\&D) | \$ | \$ | \$ | \$ | \$ |
| Long/Short Term Disability | \$ | \$ | \$ | \$ | \$ |
| Flexible Spending Account | \$ | \$ | \$ | \$ | \$ |
| Employee Dining/Cafeteria | \$ | \$ | \$ | \$ | \$ |
| Garnishments (exclude child support) | \$ | \$ | \$ | \$ | \$ |
| Loans (e.g. auto payments, etc.) | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |


| Who received income: |  | Name of Employer/Program: |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Pay Date | 11 | 1 | 1 | 1 | 11 |
| Net Income | \$ | \$ | \$ | \$ | \$ |
| Subsidized Employment | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes |
| Please Report Voluntary Deductions |  |  |  |  |  |
| Life Insurance | \$ | \$ | \$ | \$ | \$ |
| Accidental Death Insur. (AD\&D) | \$ | \$ | \$ | \$ | \$ |
| Long/Short Term Disability | \$ | \$ | \$ | \$ | \$ |
| Flexible Spending Account | \$ | \$ | \$ | \$ | \$ |
| Employee Dining/Cafeteria | \$ | \$ | \$ | \$ | \$ |
| Garnishments (exclude child support) | \$ | \$ | \$ | \$ | \$ |
| Loans (e.g. auto payments, etc.) | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |


| Who received income: |  | Name of Employer/Program: |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Pay Date | 11 | 1 | 1 | 1 | 1 |
| Net Income | \$ | \$ | \$ | \$ | \$ |
| Subsidized Employment | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes |
| Please Report Voluntary Deductions |  |  |  |  |  |
| Life Insurance | \$ | \$ | \$ | \$ | \$ |
| Accidental Death Insur. (ADED) | \$ | \$ | \$ | \$ | \$ |
| Long/Short Term Disability | \$ | \$ | \$ | \$ | \$ |
| Flexible Spending Account | \$ | \$ | \$ | \$ | \$ |
| Employee Dining/Cafeteria | \$ | \$ | \$ | \$ | \$ |
| Garnishments (exclude child support) | \$ | \$ | \$ | \$ | \$ |
| Loans (e.g. auto payments, etc.) | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |


| Who received income: |  | Name of Employer/Program: |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Pay Date | 11 | 1 | 1 | 1 | 1 |
| Net Income | \$ | \$ | \$ | \$ | \$ |
| Subsidized Employment | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes | $\square$ No $\square$ Yes |
| Please Report Voluntary Deductions |  |  |  |  |  |
| Life Insurance | \$ | \$ | \$ | \$ | \$ |
| Accidental Death Insur. (AD\&D) | \$ | \$ | \$ | \$ | \$ |
| Long/Short Term Disability | \$ | \$ | \$ | \$ | \$ |
| Flexible Spending Account | \$ | \$ | \$ | \$ | \$ |
| Employee Dining/Cafeteria | \$ | \$ | \$ | \$ | \$ |
| Garnishments (exclude child support) | \$ | \$ | \$ | \$ | \$ |
| Loans (e.g. auto payments, etc.) | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ | \$ |


| 2. Did anyone receive money from any other source? <br> Report any unearned income, including child/spousal support, interest, dividends, gambling/lottery winnings, insurance/legal <br> settlements, gifts, loans, tax refunds, per capita payments, federal/state/private disability income (i.e. SSDI, SDI), Supplemental <br> Security Income (SSI), State Supplementary Payment (SSP), unemployment benefits, worker's compensation, Veteran's benefits, <br> Financial Aid. |  |  |  |
| :--- | :--- | :--- | :--- |
| Who Received Income | Source | Amount Received | Date Received |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  | $\$$ |  |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |

3. Did anyone receive or have changes to any resources?

Any cash, financial accounts, or property not reported as income above.$\square$ Bank Account:Opened, date: $\qquad$ $\square$ Closed, date: $\qquad$ Last four (4) digits of acct: Type of Account:Checking $\square$ SavingsMoney Market $\square$ Other:
$\square$ Cash Apps: $\square$ Opened, date: $\qquad$ $\square$ Closed, date: $\qquad$ Last four (4) digits of acct: Type of Account: $\square$ Prepaid Card $\square$ Apple CashVenmo $\square \mathrm{PayPa}$Square CashGoogle Pay $\qquad$
$\square$ PrePaid Card: $\square$ Opened, date: $\qquad$ $\square$ Closed, date: $\qquad$ Last four (4) digits of acct: $\qquad$ Type/Name of Card Issuer:
$\square$ Lump sum payment (e.g. retroactive benefits, settlements, inheritance; list type, date and amount received):
$\square$ Vehicle: $\square$ Purchased, date: $\qquad$Sold, date: $\qquad$ Amount received/paid: \$ Model: Color:
Vehicle Information: Year:
Make:
$\square$ Property or Real Estate (personal or business; please list typeitem, date and amount received and/or value):Did the total of these resources above exceed a value of $\$ 10,000$ at any point during the month?No Yes
$\square$ Other resources (please list type, date and amount received):Other resources (please list type, date and amount received):

| 4. Did anyone receive assistance through another program? <br> Report assistance, including CalFresh, Commodities, WIC, Housing, Medi-Cal/Medical, Low Income Home Energy Assistance <br> Program (LIHEAP). |  |  |  |
| :---: | :--- | :--- | :--- |
| Who Received Assistance | Type of Assistance | Value$\quad$ No $\square$ Yes If yes, complete below Received |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  |  | $\$$ |  |
|  | $\$$ |  |  |
|  | $\$$ |  |  |
|  | $\$$ |  |  |

## 5. Has there been a significant change in your household?

No $\square$ Yes If yes, complete below
Report changes such as: birth of a child, pregnancy, temporary absences from household, start or end of a job/training program, new household member, household member moves out, marriage, divorce, separation, household members become disabled or recovers from a disability, any criminal convictions or arrests. Include expected changes.

| Name of Person | Explain What Changed | Date of <br> Change |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

6. Did you move, get a new mailing address, or change phone \#? $\square$ No $\square$ Yes If yes, complete below

New Home Address:
New Mailing Address:
New Phone:
New Alternative Phone:

## 7. What is your current email address:

## CERTIFICATION

## I UNDERSTAND THAT:

- I must sign and date this Monthly Eligibility Report or it is considered incomplete.
- An incomplete or late MER may delay or terminate cash aid payments/benefits, or result in case closure.
- I must contact my Case Advocate within 5 days of ANY changes in my household.
- Facts I report may result in an increase, decrease, or terminate my benefits based on eligibility criteria.
- If I knowingly give false information, do not report all facts, or fail to report changes within 5 days to continue receiving assistance, MTTP may terminate all cash aid and/or benefits. In addition, I will incur sanctions and be required to repay any assistance received. Sanction may include administrative, civil, and/or crimination actions, including prosecution.

My signature certifies that I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained on this MER are true, correct, and complete for the entire reporting month.

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