

# 90-100 APPENDIX E. FORM 07-22 HHSA

County of San Diego

Health and Human Services Agency

District Director  
U.S. Immigration & Naturalization Service  
880 Front Street  
San Diego, CA 92188

## ATTN: RA&I Section

The non-citizen identified on the reverse of this form has applied for cash aid and/or Food Stamps at the County of San Diego Health and Human Services Agency. In connection with that application, we are requesting confirmation of the non-citizen's sponsorship status statement on the reverse, and information concerning the assets and financial status of the non-citizen and/or his/her sponsor(s). Please check INS Central Case Control. If the Affidavit of Support is not in the INS file, please review State Department Form OF-230 for an indication of whether or not an Affidavit was filed.

The requested information will be utilized for official purposes only in the administration of public social service programs.

Thank you.

\_\_\_\_\_  
**Eligibility Technician Name** **ET#** **( )** **Phone #**

\_\_\_\_\_  
**Address**

## INS RESPONSE

Non-citizen has not been sponsored into the U.S.

Non-citizen has been sponsored into the U.S.

The sponsor's name is \_\_\_\_\_

Copy of INS Affidavit of Support I-134  or I-864  is attached.

This Affidavit was signed on \_\_\_\_\_.

Other financial information on the non-citizen and/or sponsors is attached.

INS file not available. Resubmit request in approximately \_\_\_\_\_.

Comments: \_\_\_\_\_

\_\_\_\_\_  
**INS Official's Name** **Title** **Date**

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Case Name \_\_\_\_\_ Case # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ ET # \_\_\_\_\_

Non-Citizen Applicant's Name \_\_\_\_\_

Family Members Who Entered at the Same Time \_\_\_\_\_

Place of Entry into U.S. \_\_\_\_\_ Date of Entry \_\_\_\_\_

INS Non-Citizen Classification \_\_\_\_\_ INS "A" # \_\_\_\_\_

INS Documentation \_\_\_\_\_ Viewed  Yes  No

Has INS Form CA-6 been completed and referred to INS?  Yes (Date) \_\_\_\_\_  No

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**NON-CITIZEN SPONSOR INFORMATION**

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This section is to be completed by the non-citizen applicant, caretaker relative or head of household.

I have entered the U.S. legally and have not been sponsored by an individual person, married couple, family, group or organization. An Affidavit of Support has not been submitted to INS by anyone sponsoring my entry into the U.S.

I have entered the U.S. legally and have been sponsored by an individual person, married couple, family, group or organization.

My sponsor's name(s) and/or current address is unknown to me at present.

My sponsor's name(s) is/are: \_\_\_\_\_

- Current Address: \_\_\_\_\_ Phone \_\_\_\_\_

- My sponsor's current source and amount of income is \_\_\_\_\_

- My sponsor has the following property (such as cash on hand, bank accounts, stocks/bonds, real property): \_\_\_\_\_

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I declare under penalty of perjury that the foregoing is true and correct. I authorize San Diego County Health and Human Services Agency (HHSA) to contact my sponsor(s) in order to verify the status of my sponsorship and to obtain additional verification of my sponsor(s)'s income and property. I also authorize HHSA to release this information to the U.S. Immigration and Naturalization Service (INS) for verification. I understand that both my sponsor(s) and myself must cooperate with HHSA in providing all requested information or my application for cash assistance and/or Food Stamps will be denied. State regulations (MPP Sections 43-119 and 63-403.33) require this information be obtained. This is not a notice of action.

Signature

Relationship to Named Non-Citizen

Date