

## Exemption from Cash EBT Stagger

### Customer Information

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

### To be Completed by Customer

\_\_\_\_\_ I request to have my cash EBT available on the first of every month. Please state the reason why you need an exemption below:

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I certify under penalty of perjury that the information I have given is true, correct and complete.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note.** This request must be turned in by the 10<sup>th</sup> of the month to be processed and take effect the following month, if approved. *For example*, if you request an exemption and turn in this form on January 10<sup>th</sup> and it is approved, you will begin to receive your benefits on February 1<sup>st</sup>. However, if you turn in a completed request after January 10<sup>th</sup>, you may not begin to receive your benefits on the first of the month until March 1st.

### County Use Section

Case Name \_\_\_\_\_ Case No. \_\_\_\_\_  
Worker Name/No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Exemption Approved - Hardship exists (NOA 09E)  
\_\_\_\_\_ Exemption Denied - Hardship does not exist (NOA 08E)

**Distribution:**

*original* – case file (IC)

*copy* – customer