NOTICE

In order to be eligible for Work First New Jersey, an applicant must sign an agreement to repay as required by Public Law 1997, Chapters 14 and 38. If you choose not to sign this agreement, **All** members of your household assistance unit will not be eligible for Work First New Jersey assistance.

AGREEMENT TO REPAY

CASE NO. _____ _____ **COUNTY/MUNICIPAL AGENCY**

I, _____, **living at** _____

_____

Have read, or have had read or interpreted to me, the explanation of my rights and responsibilities for repayment of assistance granted to me and/or other members of my household as stated in this agreement and I understand them.

I am applying for assistance for myself and/or other members of my household under the Work First New Jersey Program. I understand that if I receive any lump sum of money or income, other than earnings, that may be available to me or my household assistance unit, Public Law 1997, Chapters 14 and 38 require me to repay from some or all of the assistance I or my household assistance unit have received from Work First New Jersey. The lump sum of money or income, other than earnings, that is used to repay assistance may include, but is not limited to, lump sum money or income, other than earnings, that I or members of my assistance unit may not know about, such as inheritances, lottery winnings, casino winnings, racetrack winnings, and personal injury settlements or awards from lawsuits.

I understand that the following benefits, by law, do not have to be used to repay assistance: RSDI, Railroad Retirement, Veteran's benefits, Workman's Compensation, Temporary Disability through the NJ Department of Labor and Workforce Development, term life insurance and for TANF recipients only, SSI. Recipients of GA must sign a WFNJ/GA-30 and WFNJ-30A for repayment of GA benefits from their SSI award.

I agree to repay the county/municipal agency an amount equal to the cash assistance and/or emergency assistance granted to me or my household assistance unit if I or an assistance unit member receive such a lump sum of money or income.

I understand that repayment of cash assistance and/or emergency assistance in full to the county/municipal agency means that the months of assistance I repaid will not count toward the 60-month time limit on receipt of Work First New Jersey assistance.

I agree to authorize and direct any legal counsel I may have to inform the county/municipal agency about the lump sum of money or lump sum of income, and to repay the agency from the amount received and/or available.

I agree to report to the county/municipal agency any information I receive about the lump sum of money or income. I agree to notify the county/municipal agency within 10 calendar days of receiving such a lump sum of money or income.

I understand that I have the right to request from the county/municipal agency that the repayment be delayed, reduced or eliminated pursuant to N.J.S.A. 44:10-64 and implementing regulations at N.J.A.C. 10:90-7.8.

_____	_____	_____
Client's Signature	Date	Witness
_____	_____	_____
Client's Signature	Date	Witness

EXPLANATION OF AGREEMENT TO REPAY

In order to be eligible for Work First New Jersey benefits under the Work First New Jersey Program, Public Law 1997, Chapters 14 and 38, require that every applicant sign an agreement to repay the cash assistance and/or the emergency assistance granted to them and their household assistance unit if a lump sum of money or income, other than earnings, is owed to them or becomes available to them, unless the lump sum is specifically earmarked for payment of medical bills, funeral or burial expenses, replacement or repair of resources, or similar payments.

The Agreement to Repay is your agreement to repay the cash assistance and/or emergency assistance you will receive in exchange for the agency's agreement to give you the benefits and services available under the Work First New Jersey Program within the time limits of the program.

You are agreeing to report to the county/municipal agency any information about the receipt of any lump sum of money or lump sum of income, or have your legal counsel do so. You must notify the county/municipal agency within 10 days of its receipt if you have received a lump sum.

If you have repaid in full the cash and/or emergency assistance received under the Work First New Jersey Program, the months of assistance repaid will not count toward your 60-month time limit for assistance. You also have the right to seek to delay, reduce or eliminate the repayment by a request for such from the agency, pursuant to N.J.S.A. 44:10-64 and implementing regulations at N.J.A.C. 10:90-7.8(e).

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COMPLETE THIS PORTION ONLY IF THE CLIENT HAS REPORTED A PENDING LAWSUIT, CLAIM OR OTHER INTEREST.
FORWARD ORIGINAL TO THE LEGAL UNIT WITH A COPY TO THE CASE FILE.

_____ Accident
_____ Date & Place of Accident

_____ Name of Injured Person

_____ Inheritance
_____ Name of Deceased
(Attach copy of Will, if available)
_____ Date of Death

_____ Beneficiary

_____ Sale of Property _____ Realtor
(Attach copy of Listing Agreement, if available)

_____ Date Property Listed

_____ Pending Lawsuit_____ Date of Lawsuit

_____

_____ Other _____
(Describe)

_____

ATTORNEY'S NAME: _____

ATTORNEY'S ADDRESS: _____

_____

ATTORNEY'S TELEPHONE NUMBER: _____

| _____ | _____ | _____ | _____ |
| Client's Signature | Date | Witness | Date |

| _____ | _____ | _____ | _____ |
| Client's Signature | Date | Witness | Date |