

[illegible]

Please list all your Household UNEARNED INCOME. Place Zero's/NA IF you do not receive

Source	Household Member	Amount \$	How often Paid
Social Security			
SSI-Supplemental Security Income			
SSDI-Social Security Disability Ins.			
Child Support / Alimony			
Unemployment / Worker's Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other:			

Is anyone in your household Self-Employed? YES NO IF yes, please provide your Schedule C tax form.

Please list all Household DEDUCTIONS. Place Zero's/NA IF you don not pay.			
SOURCE	HouseHold Member	Amount \$	How often Paid
Shelter/Utility Paid			
Child Care/Child Support Paid			
Medicare Part B/D Premiums Paid			
Other Medical Expenses Paid			
Out of Pocket/Not Paid by Insurance			
Must be elderly(60 or older)			
Or disabled			

PROXY/Authorized Representative You can authorize someone outside your household to pick-up your USDA foods for you.

NAME	Relationship	Address	Phone
1.			
2.			
3.			

PENALTY WARNING

If your Household receives USDA Foods it must follow the rules below:

- **DO NOT** give false information, or hide information to get or continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell, or use someone else's USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation in both SNAP & FDIIR at the same time is prohibited.

FAIR HAIRINGS

You or your Representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any Representative of your choice. If you are in need of free legal Representation, please contact the Food Distribution Program Supervisor listed on the front page.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office Representative a name or organization to contact and obtain the necessary proof on information.

SIGNATURE: _____ DATE: _____

USDA Nondiscrimination Statement

SNAP and FDIIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or

letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For Office Use Only:

Date Application Received: _____ **Certification Worker:** _____

☐ NEW APPLICATION ☐ RE-CERTIFICATION APPLICATION ☐ CHANGE IN CIRCUMSTANCE

SNAP (Food Stamps) Recipient: YES / NO Date Verified: _____ Worker Initials: _____

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