## Part A: Household Information

| Household Information | Instructions |
|---|---|
| - Name | - Provide the name of the person who is applying for benefits. |
| - Address<br>- Mailing Address<br>- Physical Address | - Provide the address where the household receives mail.<br>- If the household receives mail at a different address than where they live, provide the physical address. |
| - Social Security Number | - The Social Security Number (SSN) of the person who is applying for benefits. If the household does not have an SSN, write "None". |
| - Telephone Number | - The telephone number at which the household can be reached. |

## Part B: Household Composition

| Household Composition | Instructions | Additional Information |
|---|---|---|
| - Name<br>- Relationship to Head of Household<br>- Date of Birth<br>- Social Security Number<br>- Sex<br>- Race<br>- Ethnicity<br>- Citizenship<br>- Student Status<br>- Disability Status<br>- Work Status<br>- Income<br>- Resources | - Provide the name of each person living in the household.<br>- Provide the relationship of each person to the head of household.<br>- Provide the date of birth of each person.<br>- Provide the Social Security Number of each person. If a person does not have an SSN, write "None".<br>- Provide the sex of each person.<br>- Provide the race of each person.<br>- Provide the ethnicity of each person.<br>- Provide the citizenship status of each person.<br>- Provide the student status of each person.<br>- Provide the disability status of each person.<br>- Provide the work status of each person.<br>- Provide the income of each person.<br>- Provide the resources of each person. | - Provide any additional information that may be relevant to the household's eligibility for benefits.<br>- Provide any additional information that may be relevant to the household's benefit amount.<br>- Provide any additional information that may be relevant to the household's reporting requirements.<br>- Provide any additional information that may be relevant to the household's work requirements.<br>- Provide any additional information that may be relevant to the household's child support requirements.<br>- Provide any additional information that may be relevant to the household's medical expenses.<br>- Provide any additional information that may be relevant to the household's dependent care expenses.<br>- Provide any additional information that may be relevant to the household's shelter expenses.<br>- Provide any additional information that may be relevant to the household's utility expenses.<br>- Provide any additional information that may be relevant to the household's telephone expenses.<br>- Provide any additional information that may be relevant to the household's homeless status.<br>- Provide any additional information that may be relevant to the household's migrant or seasonal farmworker status.<br>- Provide any additional information that may be relevant to the household's categorical eligibility. |

## Part C: Signature

The household must sign and date the application. By signing the application, the household certifies that the information provided is true and complete to the best of their knowledge.

Household Member Signature: ☐ Yes ☐ No

Date: ☐ Yes ☐ No

Authorized Representative Signature (if applicable): ☐ Yes ☐ No

Date: ☐ Yes ☐ No

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**Privacy Act Statement (Richard B. Russell).** The Privacy Act of 1974 requires that we inform you of the following when we ask you to provide your social security number. The Food and Nutrition Service (FNS) is authorized to collect your social security number under the Food and Nutrition Act of 2008, as amended (7 U.S.C. 2011-2036). Your social security number will be used to verify your identity and to prevent duplicate participation in the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other programs that use social security numbers as a means of identification. Your social security number may be shared with other federal, state, and local agencies for the purpose of verifying your identity and preventing duplicate participation. Your social security number may also be used for statistical purposes. Providing your social security number is voluntary, but failure to provide it may result in the denial of your application for benefits.

**Non-Discrimination 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, audiotape, 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 http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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## Part D: Eligibility Determination

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?

| Weekly | Bi-Weekly | 2x Month | Monthly |
|---|---|---|---|
| ○ | ○ | ○ | ○ |

Household size

**Categorical Eligibility** ☐

Eligibility:

| Free | Reduced | Denied |
|---|---|---|
| ○ | ○ | ○ |

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date