



**SELF-EMPLOYMENT INCOME:** Are there any members in your household who are self employed?  Yes  No

If yes, complete the following section. Payments from rental property, roomers, boarders, farming, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS(Farm, Ranch, Rental, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

**STUDENTS** Are there any students in your household who receive education grants, scholarship or loans?  Yes  No  
If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	AMOUNT USED TO PAY TUITION / SCHOOL FEES

**ALLOWABLE DEDUCTIONS [Please provide verification]:**

**STANDARD SHELTER/UTILITY EXPENSE:** Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense?  Yes  No

If yes, type of shelter/utility expense paid monthly: \_\_\_\_\_

**DEPENDENT CARE:** Does anyone in your household pay for the care pf a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment  Yes  No

If yes, name and address of person providing care: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ How often paid (weekly, monthly, etc.): \_\_\_\_\_

**CHILD SUPPORT:** Does anyone in your household pay court ordered child support for a non-household member?  Yes  No

If yes, complete the following: Amount ordered to pay: \_\_\_\_\_ Amount actually paid: \_\_\_\_\_

**EXCESS MEDICAL EXPENSES:** Anyone inyour household elderly and/or disabled?  Yes  No

If yes, complete the following: Monthly total of medical expenses, excluding special diets: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE(S):** To authorize someone outside your household to pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

**RACIAL/ETHNIC DATA COLLECTION:** This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. What is your ethnic category  Hispanic or Latino **or**  Not Hispanic or Latino
2. What is your race?  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**FAIR HEARING:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as legal counsel, a relative, a friend or other spokesperson.

**PENALTY WARNING:** If your household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and/or disqualification from participation in the Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the SNAP Program in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not trade or sell USDA food.
3. Do not participate simultaneously in the SNAP Program and Food Distribution Program.

**INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES:** If you or any member of your household knowingly and willingly violate the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for a prosecution.

**AUTHORIZATION:** I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

**CERTIFICATION STATEMENT:** I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

Received Copy - Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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: 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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
fax: (202) 690-7442; or  
email: program.intake@usda.gov.

This institution is an equal opportunity provider.