

APPLICATION FOR FOOD STAMPS

Section 1

Applicant:

- Please use a pen.
- Fill in this form carefully and truthfully.
- IF YOU ARE NOT SURE OF ANY QUESTION LEAVE THE SPACE BLANK.

You have the right to file an application for food stamps immediately.

Provide:

- **your name.**
- **address.**
- **signature.**
- **date signed.**
- **If you are determined to be eligible, your benefits will be paid from that date.**

If your application is mailed to the County Welfare Agency (CWA):

- **Your benefits start the date received by the CWA.**
- **When you file an application, you must provide all the required information about your situation.**
- **If you are found eligible, you can get food stamps within 30 days. (From the date the Food Stamp office receives your application.)**

1. Applicant's name:

_____ SSN# _____
 (Last) (First) (MI) (Maiden)

Resident Address:

(The place *where you actually live.*)

 (Number and Street or RFD) (City) (State) (Zip Code)

Address where your mail goes:

(If different from your resident address.)

 (P.O. Box, Street Address, or RFD) (City) (State) (Zip Code)

Daytime telephone number: () _____

Evening: () _____

2. You can allow a person(s) outside your household to

- apply for Food Stamps for you.
- obtain Food Stamp benefits for you.
- use your Families First card to buy food for you.

3. To select such a person, complete the following:

Name of Authorized Representative	Address	SSN (Optional)	Telephone Number

Signature of Applicant/Recipient _____ Date: _____

4. EMERGENCY FOOD STAMPS

You may get Food Stamps within 7 days if:

- your household has little or no income now.
(Your *household* is you and those who live and eat with you.);
- and you file a complete application;
- and you submit the application within the 7 days.

You may get Food Stamps right away if:

- your household income, cash and resources are less than your monthly rent or mortgage and *utilities* a month. (*Utilities* are gas, electric, water and phone.)
- or your gross monthly income is less than \$150.
- or your household *resources* are \$100 or less. (*Resources* are the money you have in the bank or in cash. Your money in the bank can be in a checking account or a savings account.)
- or your household has migrant or seasonal farm workers in it.

A. What is your total *household* income this month? _____

B. What is your total household cash and savings? _____

C. What do you pay in rent or mortgage each month? _____
What do you pay for *utilities* each month? _____

What is the total for rent or mortgage plus utilities? _____

5. Are you, or is any one in your household

- a fleeing felon? [] Yes [] No
- a probation violator? [] Yes [] No
- a parole violator? [] Yes [] No

6. **This application is for Food Stamps. Below are other programs you may want to apply. These are at the CWA. Check other programs for which you want to apply.**

() Cash Assistance () Medical Assistance () Refugee Resettlement

If you are denied expedited services, but feel that you are entitled to it

- **You may request a conference with the County Welfare Agency.**
- **The conference will be within 2 working days of the date of your request.**

The Use of Your Social Security Number (SSN)

To apply, you **MUST** give us your SSN or apply for one. This is as required by P.L. 97-98.

WE USE SOCIAL SECURITY NUMBERS TO:

- check that you are who you say you are.
- keep you from getting more aid than you have a right to.
- change the amount of help you get.
- check other computer and government records and to make sure you qualify.

We check social security, IRS and Employment records.

If those records do not match what you say, it may affect whether

- you qualify.
- how much cash or food stamps you get.

Information for non-citizens

You can get food stamps benefits for eligible family members. *Even if you have family members who are not eligible because of immigration status.*

Example

Immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children. *Even if the parents are not eligible.*

You may have a family member who is not eligible for food stamp benefits because of immigration status. If so, you do not have to provide information about them. You *do not* need to provide their:

- immigration status information.
- social security numbers.
- or documents.

You *do* have to provide their

- *proof of income.*
- *resources.*

Using food stamp benefits

- will not affect your immigration status.
- will not affect the immigration status of your family.

Immigration information is

- private.
- confidential.
- *We will contact BCIS only for the status of the applicant.*

Statement of Understanding/Penalty Warning

I am applying for assistance.

I know that the information I provide on this application is subject to verification by:

- Federal officials.
- State officials.
- Local officials.

Verification will determine if your information is true. It will include matching by computer with other agencies.

I understand that if I *knowingly provide incorrect information:*

- I may be reduced or denied benefits.
- I may be subject to criminal prosecution.
- I may be disqualified from the program.

I agree the information I give on this form may be verified.

- By the Division of Family Development.
- By the County Welfare Agency.
- By authorized Federal Agencies.

The information given at my interview will also be verified.

I agree that information may be obtained from:

- my past employers.
- my present employers.

This information is also subject to audit and program reviews.

To the best of my knowledge, I certify under penalty of perjury:

- that the information on this form is true.
- all the other information provided is true. (Information given to County Welfare office.)

I understand that I can be prosecuted

- if I provide false information.
- if I hide information.

Interview and re-interview information

- I understand the budget reflects the expenses I tell you about.

Expenses not disclosed will not be budgeted in calculating the amount of my food stamps.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of

- race.
- color.
- national origin.
- sex.
- age.
- religion.
- political beliefs.
- disability.

To file a complaint of discrimination, write

USDA Director
Office of Civil Rights
Room 326-W
Whitten Building
1400 Independence Avenue SW
Washington, DC 20250-9410
Call (202) 720-5954 (voice and TDD)

USDA is an equal opportunity provider and employer.

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Case Name _____ Address _____ Case Number _____ Date _____

I. HOUSEHOLD INFORMATION: *(People who live, purchase food and eat with you.)*

A. Is anyone in your household a migrant/seasonal farm worker? [] Yes. [] No. If yes, has your household received emergency Food Stamps?
 [] Yes. [] No. When? Where? _____

B. Do you pay someone to provide you with meals? [] Yes. [] No.

II. THE BASICS: List each person who is applying for food stamps. Include yourself. List adults first. Then list oldest to youngest child. **(Do not list anyone who is paying you to rent a room, or for meals.)**

											FOR OFFICE USE ONLY		
Name	Sex	Age	DOB	Relationship	SS#	Marital Status	Educ	Strike? Y or N	Quit Job? Y or N	Dis-qualified Y or N	Work Regis. Date	Exempt Code	Reg. Code

List other individuals who live in your household. Who rents a room from you? Who pays you for meals? 1. _____ 2. _____ 3. _____	FOR OFFICE USE ONLY

III. NON-CITIZENS:

Is anyone listed on Page 1, Section II a non-citizen? Please list them below. Do not list unqualified aliens who are not applying for food stamps.

Name	Date of Entry	Registration #	How Verified	FOR OFFICE USE	
				FSP ELIGIBLE	
				Yes	No

IV. RESOURCES:

Does your household have any of the following?

	Y	N	Amount/ Value	Whose/ Owner	How is it used?	Account #	Bank or Institution
Cash on Hand or at Home							
Stocks, Bonds							
Savings Account							
Checking Account							
Holiday/Vacation Club							
Trusts							
Certificate of Deposit							
Credit Union							
IRA/Keogh							
Investments							
Real Property							
Other							

Do household members own registered vehicles? List cars, trucks, motorcycles, boats, etc.

				FOR OFFICE USE ONLY				
Year	Make/Model	Vehicle Registration Number	Amount Owed	VALUE		Is Vehicle Exempt		Total Countable Amount
				AVERAGE WHOLESALE	EQUITY (IF APPLICABLE)	[] Yes [] No	[] Yes [] No	
						[] Yes [] No	[] Yes [] No	
						[] Yes [] No	[] Yes [] No	
						[] Yes [] No	[] Yes [] No	
						[] Yes [] No	[] Yes [] No	

List item(s) sold, traded, or given away. Include items from the last 3 months only .

Type of Resource	Value at Time of Transfer	Why Transferred	To Whom Transferred

V. (a) **EARNED INCOME:** (Include income from self-employment.)

Last Name, First Name	1)			2)			FOR OFFICE USE ONLY
	Hours Per Week	Wkly. Monthly	Every 2 Wks. Other	Twice/Mo.	Wkly. Monthly	Every 2 Wks. Other	
How Often Paid (circle)							
Employer Name and Address	Name Address			Name Address			
GROSS AMOUNTS OF MONEY (BEFORE ANY DEDUCTIONS)	Date	Amount		Date	Amount		
		\$			\$		Total Earned Income
	\$			\$			
	\$			\$			
	\$			\$			
Total	\$			Total	\$		

V. (b). UNEARNED INCOME:

Have you received or applied for any of the following? Has anyone in your household?

	Y	N	Person Who Applied For	Name of Person(s) Receiving Money	Amount	How Often	Date Applied	Claim Number	
Unemployment Benefits									
Workers' Compensation									
Social Security									
Supplemental Security Income									
Veterans Benefits									
Disability Benefits									
Union Strike Benefits									
Training Allowance									
Interest on Dividends									
Pensions									
DYFS Kinship									
DFD Kinship									
DYFS Relative Care Permanency Support									
DYFS Legal Guardianship Subsidy Program									
Foster Care									
Child Support or Alimony									
General Assistance									
Money from a Relative									
Other Income or Money									
Roomers/Boarders *									
Rental Income *									
FOR OFFICE USE ONLY							FOR OFFICE USE ONLY		
* Total Rental Income							Total Unearned Income		
_____ Earned									
_____ Unearned									

VI. Students in your household

Who is between the ages of 18 and 50 and enrolled in college? A trade school? Other schooling?

					FOR OFFICE USE ONLY	
Household Member's Name		School		F/T or P/T	FSP Eligible Student	Reason
1.					[] Yes [] No _____	
2.					[] Yes [] No _____	
3.						
Income from Grants, Scholarships or Loans:						
Type of Income	Amount	When will it be Received	Period Covered	Student's Name		
Expenses	Tuition	School Fees	Other	Other		

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1. Total Student Income _____

2. Tuition _____

3. Mandatory Fees _____

4. Other Student Expenses + _____

5. Subtotal (Add 2,3,4) _____

6. Subtract 5 from 1 _____

7. # Months Covered _____

8. **Countable Monthly Student Income**
(Divide 6 by 7) _____

If you are a student, are you:

- a. Employed? Yes. () No. ()
- b. Participating in a federally funded work study program? Yes. () No. ()
- c. Responsible for a dependent child under age 6? Yes. () No. ()
- d. Responsible for a dependent household member between ages 6 to 12? Yes. () No. ()
- e. Receiving WFNJ/TANF? Yes. () No. ()
- f. JOBS participant? Yes. () No. ()
- g. In an institution of higher learning under certain programs. Or are you a single parent enrolled full time in an institution of higher learning? Yes. () No. ()

If you reported no income.

What was your household's last source of income? _____

When was it received? _____

Identify Head of Household _____

VII. (a) EXPENSES:

Have you moved since your last interview? Yes. No.

Shelter: How much is your household billed for each item?

						FOR OFFICE USE ONLY	
		Amount				Payment Due Date(s)	
Rent or Mortgage Payment		\$					Homeless Shelter Allowance selected? <input type="checkbox"/> Yes
Property Taxes (if not included in mortgage)		\$					
Insurance on Home (If not included in mortgage)		\$					
<p>Utilities: Indicate the utility costs you pay. List the amount you are billed. We must check these costs. If you qualify, you will receive either the standard or heating utility allowance instead of claiming your actual utility costs.</p>							<p><i>Check one</i></p> <input type="checkbox"/> HUA <input type="checkbox"/> SUA <input type="checkbox"/> Actual Expenses <input type="checkbox"/> None
Utilities	Amount	Heat	Cool	How often is bill received?	Account Number		
<input type="checkbox"/> Telephone (basic rate)							
<input type="checkbox"/> Water & Sewerage							
<input type="checkbox"/> Garbage & Trash							
<input type="checkbox"/> Initial Installation of Utilities							
<input type="checkbox"/> Electricity							
<input type="checkbox"/> Gas							
<input type="checkbox"/> Oil							
<input type="checkbox"/> Coal							
<input type="checkbox"/> Kerosene							
<input type="checkbox"/> Wood							
<input type="checkbox"/> Propane							
<input type="checkbox"/> Utility Surcharge (indicate which)							
<input type="checkbox"/> Other							

(b) Medical: List medical expenses for anyone in your household who receives any of the following: Supplemental Security Income (SSI) benefits. Social Security Disability Payments. Government Disability Benefits. Veteran's Disability Benefits (because they are a veteran with disability). A spouse with disability. A child with disability of a deceased veteran. Do not list expenses if they are partially paid for by somebody outside of your household. Or reimbursed by somebody outside of your household. This includes medical insurance, Medicare, PAAD or an individual.

Medical Expenses	Amount Not Reimbursed	How often is Payment Due?	Name of Person with Expenses
Medical and Dental Services	\$		
Hospital or Nursing Care	\$		
Health Insurance and Medicare Payments	\$		
Drugs Prescribed by a Doctor	\$		
Dentures, Hearing Aids and Eyeglasses	\$		
Transportation Costs for Medical Care	\$		
Services of Attendant/Nurses	\$		
Other (explain)	\$		

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Total Medical Expenses _____
 - _____ \$35.00
Total Deduction \$ _____

(c) Dependent Care:

Does anyone in your household pay someone to baby-sit or care for a child or an adult with disability so that a member can work? attend training? or look for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	For whom?	How Often?
Who provides care?: Name _____ Phone _____			
Address _____			

Total Dependent Care \$ _____

Household expenses. Does anyone out of the household help with payments of expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below:				
Expense	Paid to Whom	Paid By Whom	How Often Paid	How Much

(d) Child Support: Legally, do you have to pay or provide child support? (For a child not in your household.) Please complete below. Include payments that are past due, if you legally owe them.

To Whom	For Whom	Address	Monthly Amount Paid	Court Order No.

Change in circumstance

Do any household members expect any changes in the near future? Please explain. Change in income? In household size? In residence? In shelter costs? Include other expenses. Include the purchase or sale of a vehicle.

If you fail to report (or verify) any expenses which either you or another household member is paying, we will take this to mean that you do not want to receive an income deduction for those unreported expenses. What if you report (or verify) more expenses in the future? Then you can receive a deduction for them. These won't be retroactive. You can only receive deductions for expenses after you report (or verify) them.

Your Social Security Number (SSN) is used to check the identity of household members. It prevents duplicate participation. It makes mass changes easier. Your SSN is used in computer matching. It is used in program reviews. It is used in audits to make sure your household is eligible for food stamps. It will check if you can get programs like school lunch. It will identify persons who lied to get food stamp benefits. Such persons may be subject to criminal action, civil action, administrative claims and/or possible loss of all benefits.

We comply with 45 CFR 206.10(a)(iii) and 7 CFR 273.2(b). We will check your income using your SSN. And your eligibility. Your SSN will be used to determine if you continue to be eligible. We may contact your employer. Or your bank. Or other parties.

Information may come from these agencies.

- IRS.
- State and local child support agencies.
- Social Security Wage.
- Benefit files.
- State Wage.
- Unemployment.

The next questions are for research only. It is in accordance with the Federal Civil Rights Act. You are not required to answer them. It will not affect your eligibility for food stamps. If left unchecked, the eligibility worker will complete it.

Racial Categories

Please check one or more.

- You are:
- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native + Asian | <input type="checkbox"/> American Indian or Alaskan + Black or African American |
| <input type="checkbox"/> American Indian or Alaskan + Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> American Indian or Alaskan Native + White | <input type="checkbox"/> Asian + Black or African American |
| <input type="checkbox"/> Asian + Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American + Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian + White | <input type="checkbox"/> Black or African American + White |
| <input type="checkbox"/> White + Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Unknown | |

Ethnicity Codes:

- Hispanic or Latino Not Hispanic or Latino

What is the main language spoken in your home? _____

IMPORTANT NOTICE

- The information on this form will be verified. This will be done by federal officials. And state officials. And county officials. If anything is incorrect, you may be denied food stamps. Do not give false information! You may also be subject to criminal prosecution if you do.

PENALTY WARNING

DO NOT give false information in order to apply for or receive or continue to receive food stamps. **DO NOT** hide information.

DO NOT give or sell food stamps to anyone who is not allowed to use them for your household. Or **FAMILIES FIRST** cards. Or authorization cards.

DO NOT alter or change food stamps or authorization cards.

DO NOT use any food stamps to buy ineligible items. Do not buy alcoholic drinks. Do not buy tobacco.

DO NOT use any food stamps your household was not entitled to receive.

DO NOT cheat to get food stamps your household isn't entitled to receive. **DO NOT** take part in any dishonest act to get food stamps.

DO NOT transfer resources to a non-household member in order to apply for and receive food stamps.

The penalties apply to:

- Any food stamp recipient who intentionally breaks any of the rules listed on the application.
- Any person who receives food stamps they are not entitled to by intentionally making false or misleading statements.
- You. If you applied for food stamps you are not entitled to by intentionally making false or misleading statements.
- You. If you conceal or withhold facts.
- You. If you violate the Food Stamp Act.
- You. If you violate Food Stamp Program regulations.
- You. If you violate any state law related to the use, presentation, transfer, acquisition, receipt or possession of Food Stamp coupons. Or **FAMILIES FIRST** cards. Or Authorization to Participate cards (ATP's).

PENALTIES

What if a member of my household breaks any of the above rules on purpose?

1. They will not be allowed to participate or further participate in the Food Stamp Program. How long?

- **FIRST TIME IT HAPPENS.** 12 months.
- **SECOND TIME IT HAPPENS.** 24 months.
- **THIRD TIME IT HAPPENS.** Permanent Disqualification. (Forever.)

The court may choose to add 18 months to the time above to anyone who is

- convicted of a felony.
- or misdemeanor violation.

2. They may be

- Fined up to \$250,000.
- Put in prison for up to 20 years.
- Or both.
- They could be prosecuted under other federal laws.

3. Other members of the household

- must repay any benefits the household received to which it was not entitled.

OTHER PENALTIES

P.L. 103-66 and 104-193 set up extra penalties. They apply to anyone found guilty in a Federal, State, or local court of the following. If you:

(1) trading food stamp coupons or benefits for

- firearms,
- ammunition,
- explosives,
- or controlled substances.

(2) If the value is \$500 or more, fraudulently using, transferring, altering, acquiring, or possessing

- FS coupons.
- authorization cards.
- access devices (e.g. Families First EBT cards).
- or presenting FS coupons for payment.
- or redemption knowing they have been fraudulently obtained or transferred.

As of September 22, 1996, if a court determines you committed violations above, you will never be entitled to Food Stamps. If a court determines you lied in order to obtain food stamp benefits from more than one area at the same time you will not be entitled to Food Stamps for 10 years.

CITIZEN/ELIGIBLE ALIEN STATUS

You must certify that each household member who is applying for Food Stamps is a U.S. citizen. Or is living in the U.S. in lawful immigration status.

For each person who is *not* a U.S. citizen, you will need to show:

- immigration documentation from the BCIS. (Bureau of Citizenship and Immigration Service). or,
- other proof of your immigration status. The State agency can determine if they are acceptable.
- BCIS may verify Alien status.
- BCIS may require submission of information from this form.
- Information from BCIS may affect your household's eligibility.
- Information from BCIS may affect your household's level of benefits.

I certify the following, under penalty of perjury. I certify by signing my name below. I am a U.S. citizen. Or I am alien in lawful immigration status. I certify that all household members for whom I am applying for food stamp benefits are entitled. They are U.S. citizens. Or they are aliens in lawful immigration status.

REPORTING CHANGES

If I have not been assigned to "6-month reporting", I understand that I must report

- Any change in unearned income of more than \$25.00.
- All changes in household composition (including student status).
- Changes in residence. And the resulting change in shelter costs.
- Changes in my legal obligation to pay or provide child support.
- A change in the amount of child support I provide. (Only if I have less than a 3-month record of paying it. And if the change is greater than \$50.)
- A purchase of a vehicle if it reaches or exceeds my maximum resource limit. Or an increase in my household's resources if they reach or exceed my maximum resource limit. This includes a savings account. Or a checking account. Or cash on hand. Or stocks. Or lump sum payments. Or any cash deriving from the sale or trade of a vehicle.

If I have been assigned to "6-month reporting", I am only required to report if my monthly income goes above the amount specified by my eligibility worker.

SIGNATURE

I understand the questions on this application. I certify under penalty of perjury that my answers are correct. I believe they are complete. I understand that I must be interviewed. I must cooperate with the Food Stamp Office. I understand the penalty warning. I understand that I may have to provide documents to prove what I've said. I agree to do this. If needed, I agree to name a person or organization that may be contacted to get the necessary proof. I may request a fair hearing of the decision made on my application for Food Stamps. If I need more information concerning food stamps, I can contact the county Food Stamp Office.

I understand that the information I have provided will also be used to evaluate my eligibility for Home Energy Assistance, Universal Service Fund and other benefits for which I may be eligible

I understand that I, or my representative, may request a fair hearing. This may be either orally or in writing. This is if I disagree with any action taken on my case. Anyone I choose may present my case.

Applicant's Signature

Date

CWA Worker's Signature

Translator's Name & Signature

Date