

Household Member(s) With Income	Employer	Type of Income (Wages, SSI, Soc.Sec., TANF, Child Support, VA, Pension/Retirement, etc.)	Gross Income Amount	How Often Paid Monthly, Bi-weekly, Weekly
1.				
2.				
3.				
4.				
5.				

Self- Employment Income:

Are there any members in your household who are self-employed? _____ Yes _____ No
 If yes, complete the following section. Payments from roomers, boarders, fishing, crabbing, clamming, etc., and/or the 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 verification of self-employment income and costs.

Household Member	Type of Business	Occupation	Is your self-employment the primary source of income for meeting your living expenses?
1.			
2.			
3.			

Students: Are there any students in your household who receive education grants, scholarships or loans? _____ Yes _____ No. If yes, please provide copies of any financial aid award letters.

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 of 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 in your household elderly and/or disabled: _____ Yes _____ No. If yes, complete the following: Monthly total of medical expenses, excluding special diets: \$_____

Authorized Representative: To authorize someone outside your household to act on your behalf and/or pick up your food, complete this section.

Name(s):	Address:	Phone Number:
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1.

2.

Racial/Ethnic Data Collection: **This information is voluntary.* If you do not provide this information, it will not affect your eligibility to receive benefits.

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

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. If you request a fair hearing, your case may be represented by yourself or another adult household member. To request a fair hearing, please contact STOWW's Food Distribution Program Director at 253-589-7101 Ext. 228

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 suspension from STOWW's Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, and/or household size.
2. Do not misuse (e.g., trade or sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

Intentional Program Violation (IPV) Penalties: If you or any member of your household knowingly and willingly violates 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 time to be determined by STOWW's Program Director.

Authorization: I authorize the release of any necessary information or forms to the STOWW 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 10 calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income or 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.

**Applicant'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:

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.