## CSFP Applicant Self-Declaration of Need Form 302002







|  |                   |  | 1                   |
|--|-------------------|--|---------------------|
| Name of Participant: Click or tap here to enter text.  |                   | e of Birth: Click or tap here to enter text. | □Male □Female       |
| Street Address: Click or tap here to enter text.   |                   | : Click or tap here to enter text.           | Zip Click or tap    |
| <b>APT NO.:</b> Click or tap here to enter text.   |                   |  | here to enter text. |
| Home Phone Number: Click or tap here to enter text.  |                   | Email Address:                               |                     |
| Cell Phone Number: Click or tap here to enter text.  |                   | Click or tap here to enter text.             |                     |
| What is your total household income? \$ Click or tap here to enter text. How many persons live in your household? Choose an item.  |                   |  |                     |
|  |                   |  |                     |
| 2021-22 CSFP Income Guidelines – Elderly 130% of Poverty   |                   |  |                     |
| Household Size   | Annual            | Monthly                                      | Weekly              |
| 1  | \$16,744          | \$1,396                                      | \$322               |
| 2  | \$22,646          | \$1,888                                      | \$436               |
| 3  | \$28,548          | \$2,379                                      | \$549               |
| 4  | \$34,450          | \$2,871                                      | \$663               |
| 5  | \$40,352          | \$3,363                                      | \$776               |
| 6  | \$46,254          | \$3,855                                      | \$890               |
| 7  | \$52,156          | \$4,347                                      | \$1,003             |
| 8  | \$58,058          | \$4,839                                      | \$1,117             |
| For each additional household member, add:   | \$5,902           | \$492  | \$114               |
| Household Income Reported is Received [Check One]: ☐Weekly ☐Monthly ☐Annually  Source of Income: [Check All That Apply] ☐Disability ☐Pension ☐Social Security ☐Underemployment ☐Unemployment   |                   |  |                     |
| Form of ID Provided? □Driver's License □Birth Certificate □Passport □PA ID Card □Resident Alien Card   |                   |  |                     |
| Are you Hispanic or Latino? [Check Only One] ☐ Yes ☐ No  |                   |  |                     |
| What is your race? [Check All That Apply] □American Indian or Alaska Native □Asian □White  |                   |  |                     |
| □Black or African American □Native Hawaiian or Another Pacific Islander  |                   |  |                     |
| This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.  I UNDERSTAND THAT MAKING FALSE STATEMENTS MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME & MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE & FEDERAL LAW. |                   |  |                     |
| Signature of $\square$ Participant / $\square$ Caretaker [Check One]:  |                   |  |                     |
| Click or tap here to enter text.   |                   |  |                     |
| Caretaker Only - Print Name: Click or tap here to enter text.  |                   |  |                     |
| <b>Proxy 1 – Print Name:</b> Click or tap here to enter text.  | Proxy 1 Signature | ):   | Date:               |
| <b>Proxy 2 – Print Name:</b> Click or tap here to enter text.  | Proxy 2 Signature | :  | Date:               |
| Site Name:   |                   |  | County:             |
| Site Representative Signature:   |                   |  | Date:               |

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- 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.

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