



**2023 SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)
SENIOR APPLICATION & ELIGIBILITY AGREEMENT**

Name - Applicant (Last, First, MI) (Please Print)		Race (check one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Race (one or more)
Street Address, City, Zip Code: (Please Print)		
Phone Number:	Date of Birth:	Ethnicity Information: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

I certify that my household income is at or below 185% of the federal poverty guideline.

Household Size	Per Monthly Income	Per Annual Income
1	\$2,248	\$26,973
2	\$3,040	\$36,482
3	\$3,833	\$45,991
4	\$4,625	\$55,500
5	\$5,417	\$65,009
6	\$6,210	\$74,518
7	\$7,002	\$84,027
8	\$7,795	\$93,536
For each additional household member, add \$792 monthly, \$9,509 annually.		

- I certify that I am 60 years of age or older.
- I understand that program checks are used to purchase locally grown fresh produce and honey.
- I have received instructions about how and where to use program checks with valid FMNP farmers who have the "Farmers Market Checks Accepted Here" sign.
- I understand that it is illegal to enroll in this program at more than one (1) location and/or receive more than one (1) booklet of checks.
- I understand that dual participation will cause removal from the program for the following year.
- I have designated _____ to be my authorized proxy.

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal Law. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, sex (including gender identity and sexual orientation) or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Applicant Sign Here

Date Signed by Applicant

Staff or Agency Designee Sign Here

Date Signed by Staff

Agency Complete Check Numbers Issued

Agency Complete Date Checks Issued

Agency Information

This institution is an equal opportunity provider.