

SENIOR FARMERS' MARKET NUTRITION PROGRAM SELF DECLARATION FORM

Participation in the Senior Farmers' Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose **gross** income (i.e., income before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc.) is equal to or less than the income poverty guidelines increased by 185%.

| Senior Farmers' Market Nutrition Program Income Eligibility Guidelines (Effective from July 1, 2020 to June 30, 2021) | | | | | |
|--|---------------|----------------|----------------------|-----------------|---------------|
| 48 Contiguous States, D.C., Guam and Territories | | | | | |
| Household Size | | | | | |
| | Annual | Monthly | Twice Monthly | Biweekly | Weekly |
| 1 | \$23,606 | \$1,968 | \$984 | \$908 | \$454 |
| 2 | 31,894 | 2,658 | 1,329 | 1,227 | 614 |
| 3 | 40,182 | 3,349 | 1,675 | 1,546 | 773 |
| 4 | 48,470 | 4,040 | 2,020 | 1,865 | 933 |
| 5 | 56,758 | 4,730 | 2,365 | 2,183 | 1,092 |
| 6 | 65,046 | 5,421 | 2,711 | 2,502 | 1,251 |
| 7 | 73,334 | 6,112 | 3,056 | 2,821 | 1,411 |
| 8 | 81,622 | 6,802 | 3,401 | 3,140 | 1,570 |
| Each add'l fam mem add | + \$8,288 | + \$691 | + \$346 | + \$319 | + \$160 |

My signature indicates that I have reviewed the income guidelines by household. By signing this I attest that my income is at or below my household size, listed above. I also affirm that I live in _____ County and I am at least 60 years of age. I understand that if any of these statements are found to be fraudulent, I will be subject to sanctions per the State Policies and Procedures.

Printed Name of Participant/Proxy

Date

Signature of Participant/Proxy

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(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.

<http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines>

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