NEIGHBORS SERVING NEIGHBORS

SELF CERTIFICATION FORM

**Full name and date of birth?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number, email address and home address?**

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**If the household receives assistance, mark appropriate choice(s) below. No proof is required.**

* Supplemental Nutrition Assistance Program (SNAP) Or Temporary Assistance for Needy Families (TANF)
* Supplemental Security Income (SSI)
* Medicaid
* National School Lunch Program (NSLP) (free or reduced-price meals)
* Other

**Does anyone in the household receive income from any of the sources listed?**

* Employment
* Pension/Retirement
* Social Security
* SSI
* TANF/Food Stamps
* Other

**Total monthly income of all household members** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current living situation:**

* In a home or apartment
* Homeless shelter or on the street
* On someone's couch
* Other

**Is anyone in your household currently in the military or a military veteran?** YES/NO

**List the names, gender, ethnicity/race and birthdate of all persons in household.**

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**Name of person, other than yourself that can pick up food** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing above, I certify that: 1. I am a member of the above household living at the address provided and I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;2. All information provided to the agency determining my eligibility is, to the best of my knowledge and belief, true and correct; and 3. If applicable, the information provided by the proxy is, to the best of my knowledge and belief, true and correct.