

APPLICATION FOR DISASTER FOOD STAMP BENEFITS ASSISTANCE

(Pursuant to 7 CFR 280)

We will consider all applicants without regard to color, race, sex, age, disability, religion, national origin or political belief.

DO NOT WRITE IN SHADED AREAS

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lang E or S	Lang Read (NYC) XXXXXXXXXXXXXXXXXXXX
Disaster Authorization Period From To		Payment Period From To		HH Size	Payment Amount \$	1st Card Number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food stamp benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use your food stamp benefits.

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# _____ City _____, NY Zip Code _____

Mailing Address (if different) _____ Apt.# _____ City _____, NY Zip Code _____

PART A - HOUSEHOLD SITUATION

YES

NO

1. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions:

Did the disaster damage or destroy your home or self-employment property?

Does your household have any additional un-reimbursed expenses as a result of the disaster?

While the effects of the disaster are being cleaned up, will your household be buying food?

Did the disaster delay, reduce or stop your household's income?

Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster?

2. Are you a current food stamp benefits participant? If so, STATE: _____ COUNTY: _____

PART E - EXPENSES		AMOUNT
Food destroyed in disaster		\$
Dependent care due to disaster		\$
Funeral/medical expenses due to disaster		\$
Moving and storage costs due to disaster		\$
Temporary shelter expenses		\$
Cost to protect property during disaster		\$
Cost to repair or replace items for home or self-employment property		\$
Other disaster-related expenses		\$
TOTAL DISASTER EXPENSES		\$
PART F – ELIGIBILITY COMPUTATION		AMOUNT
1. Total anticipated income		\$
2. Total accessible cash resources		\$
3. Add #1 and #2		\$
4. Total disaster expenses		\$
5. Total available funds (Subtract # 4 from # 3)		\$
6. Maximum Gross Income Limit (Amount from Disaster Table)		\$
7. ELIGIBLE (#5 is equal to or less than # 6) Monthly Benefit Amount		\$
8. INELIGIBLE (# 5 is greater than # 6)		
PART G - PENALTY WARNING		
<p>If your household gets food stamp benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food stamp benefits to make sure you were eligible for disaster aid. <u>DO NOT</u> give false information or hide information to get or to continue to get food stamp benefits. <u>DO NOT</u> give or sell food stamp benefits or authorization documents to anyone not authorized to use them. <u>DO NOT</u> use food stamp benefits to buy unauthorized items such as alcohol or tobacco. <u>DO NOT</u> use another household's food stamp benefits for your household.</p>		
PART H - CERTIFICATION AND SIGNATURE		
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.</p>		
APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X) :		DATE SIGNED: