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/Offic	e Unit	Worker	Case Type	Case Number		Registry Number	Version	Lang E or S	-	Read (NYC) XXXXXXXXXXXX
Disaster Authorization Pe	eriod		Payment Pe		•	HH Size	Payn	nent Amount	1 st Card N	umber		
From	То		From	То			\$		xxxxx	*****		****
INSTRUCTIONS: give any request You must show expenses. You o	ted information proof that y	on, it will our hous	not be el ehold liv	igible to rece ed in the dis	ive foo aster a	od stamp bene area at the ti	efits. me o	When you a of the disaste	are interv er. You	viewed, y may have	ou must sho e to verify a	w identification. ny questionable
Name:			Tel	ephone Numb	er:			Other pho	one where	e you can	be reached: _	
Residence Addre	SS:			A		City				, NY .	Zip Code	
Mailing Address	(if different)				Apt	.#	City _			,	NY Zip Code	
		PA	RT A - H	OUSEHOLD	SITUA						YES	NO
1. Was your hous questions:	ehold living in	the disast	er area at	the time of the	e disast	ter? If yes, plea	ase a	nswer the foll	owing			
Did the disaste	r damage or d	estroy you	Ir home o	r self-employm	nent pro	perty?						
Does your hous	sehold have a	ny additio	nal un-reir	nbursed exper	nses as	a result of the	disa	ster?				
While the effec	ts of the disas	ter are be	ng cleane	d up, will your	housel	nold be buying	food	?				
Did the disaste	er delay, reduc	e or stop	your hous	ehold's income	ə?							
Does your hous the bank is clos			[.] money ir	checking or s	avings	accounts whic	h you	i cannot get to	becaus	e		
2. Are you a curr	ent food stamp	benefits	participan	t? If so, ST	ATE:	C	OUN	TY:				

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD IN PART B.** List each household member's Social Security Number (SSN), Date of Birth, and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster Food Stamp Program is operating. The SSN is required by law and will be used to identify your household members and to make sure they are eligible for food stamp benefits. It will also be used for computer matching, program reviews or audits.

				PART B - H	IOUSEHOL	D MEMBER	RS										PART	C - INCOME
	First Name	M I	Last Name	Social Security Number (SSN) of applying member	Date of Birth	Marital Status	Sex M or F		anic tino?			′ (Yes · each))	Relationship to you	Source/ Type	Amount
				(If none, write "NONE")				Yes	No	I	Α	В	Ρ	w	U			
1																Self		\$
2																		\$
3																		\$
4																		\$
5																		\$
6																		\$
7																		\$
8																		\$
TOTAL HOUSEHOLD INCOME								INCOME	\$									
*Rad	ce/Ethnic Codes:	I – Ná	ative American or Alaskan I	Native, A - Asian, B -	Black or Africa	in American, I	P – Nativ	e Hav	vaiian	or Pa	cific Is	slande	er, W	– Wh	iite, l	J – Unknown (N	IA Only)	

In Part D, list all cash your household will be able to get to during this disaster. In Part E, list the disaster-caused expenses that your household paid or expects to pay during this disaster.

DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.

PART D - RESOURCES	AMOUNT
Cash on hand	\$
Checking accounts	\$
Savings accounts	\$
TOTAL ACCESSIBLE CASH RESOURCES	\$

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
PART F – ELIGIBILITY COMPUTATION	AMOUNT
PART F – ELIGIBILITY COMPUTATION 1. Total anticipated income	AMOUNT \$
PART F – ELIGIBILITY COMPUTATION 1. Total anticipated income 2. Total accessible cash resources	AMOUNT \$ \$
PART F – ELIGIBILITY COMPUTATION 1. Total anticipated income 2. Total accessible cash resources 3. Add #1 and #2	AMOUNT \$ \$ \$
PART F – ELIGIBILITY COMPUTATION 1. Total anticipated income 2. Total accessible cash resources 3. Add #1 and #2 4. Total disaster expenses	AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

PART G - PENALTY WARNING

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.

PART H - CERTIFICATION AND SIGNATURE

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.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X) :

8. INELIGIBLE (# 5 is greater than # 6)

DATE SIGNED: