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| **NORTH CAROLINA SENIORS FARMERS’ MARKET NUTRITION PROGRAM**  **APPLICATION FORM** | | |
| **I am applying to receive Seniors Farmers’ Market Nutrition Program (SFMNP) coupons that will be used to purchase eligible fresh produce from authorized farmers at participating farmers’ markets. I understand that I may only receive SFMNP benefits once during each operating season and I provide assurance that I have not already applied for and received SFMNP benefits prior to the submission of this application for the current year.** | | SFMNP 2022 |
| Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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 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, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.**  \_**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant/Proxy Signature Application Date | | |
| **1. Ethnicity** Hispanic  Yes  No  **2**. **Racial Category** White Black or African American American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander Asian | | |
| **3.** **Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **4. Self Declared Income Eligibility**:  (Refer to Income Eligibility Chart below)  **Do you earn equal to or below this range?**  Yes  No  **Monthly Income at or less than: Individual Couple**  **$2,096 $2,823**  **Based on 2022 US Poverty Guidelines: 185% of Poverty** | **Complete by Local Agency ONLY** | |
| Eligible:  Yes  No If not eligible, give reason for denial below:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Local Agency Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **COUPON ISSUANCE:**  **Beginning #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |