

SFMNP INCOME ELIGIBILITY GUIDELINES

Office on Aging Site: _____ Application Date: _____ / _____ / _____

Name: Last (1) _____ First _____ MI _____

Name: Last (2) _____ First _____ MI _____

(Spouse applying for SFMNP Benefits)

Address: _____

City: JERSEY CITY County: HUDSON Zip _____

Date of Birth (1) _____ Date of Birth (2) _____ Phone # _____

Check one box:

(1) Ethnicity: Hispanic Non-Hispanic

(1) Race: American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian Black or African American White

(2) Ethnicity: Hispanic Non-Hispanic

(2) Race: American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian Black or African American White

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File a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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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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%.

WIC Income Eligibility Guidelines					
(Effective from July 1, 2022 to June 30, 2023)					
48 Contiguous States, D.C., Guam and Territories					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	88,266	7,189	3,595	3,318	1,659
Each Add'l Member Add	+8,732	+728	+364	+336	+168

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 **Jersey City, Hudson 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 subjected to sanction per the State Police and Procedures.

1. Name of Participant (Print)

1. Signature Date

2. Name of Participant (Print)

2. Signature Date

Proxy (Print) Proxy

Signature Date