

**SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)
2014 Statement of Eligibility**

I. I am:

- **60 years of age or older; AND**
 - **My monthly income is at or below**
\$1,800/month for a one-person household,
\$2,426/month for a two-person household,
\$3,051/month for a three-person household;
- OR**
- **Currently receiving or eligible to receive SSI, public assistance, or Section 8 housing subsidy;**

II. Also, I have not received Farmers Market checks from any other location.

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 the 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, color, 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.

III. Please complete the following chart. These answers are optional; this information will not affect your eligibility.

Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*				
Yes	No	N	A	B	P	W

*Race/Ethnic codes: **N** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

Signature
Date