

APPLICATION FOR PARTICIPATION IN THE FOOD STAMP PROGRAM

State of Michigan
Department of Social Services

Application must be made by head of household

Be prepared to furnish written proof that you live in this county, proof of the existence of each member of your household, and of liquid assets, income, shelter costs, and any unusual expenses you declare on this application.

Your name (last, first, middle)	Birth date (month/day/year)	<u>Do not write here</u> Verifications:
Home address (street)	Social security #	
(city, ZIP)	Telephone	
Do you have cooking facilities in your home? ___ Yes ___ No How many people regularly eat their meals in your home? _____		
List your family and other members of the household:		
Last name, first	Age	Relationship
Do you or any one living with you have any liquid assets, such as cash, bank accounts, stocks, bonds, credit union accounts, etc.? ___ Yes ___ No If yes, give the following information:		
Person	Type of asset	Value or amount
		\$
		\$
		\$
		\$
		\$

Are you or anyone else in your home working at this time?
 ___ Yes ___ No If yes, give the following information for
 each employed person:

Do not write here
 Verifications:

Name: _____	Name: _____	Name: _____
Gross pay: _____	Gross pay: _____	Gross pay: _____
\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
Deductions:	Deductions:	Deductions:
Federal tax _____	Federal tax _____	Federal tax _____
State tax _____	State tax _____	State tax _____
City tax _____	City tax _____	City tax _____
Soc security _____	Soc security _____	Soc security _____
Retirement _____	Retirement _____	Retirement _____
Other _____	Other _____	Other _____
Union dues/mo _____	Union dues/mo _____	Union dues/mo _____

Do you or anyone else in your home have income other than
 earnings, such as unemployment compensation, sick benefits,
 social security benefits, pensions, strike pay, loans, grants,
 scholarships, grants, room and board payments, rent, etc.?
 ___ Yes ___ No If yes, give the following information:

Person receiving	Kind of income	Amount
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

If you own or are buying your home or house trailer, how much
 are your monthly payments? \$ _____

If your taxes are not included in the payments, how much
 are they per year? \$ _____

If there are any special tax assessments for such things
 as sewer, sidewalk, etc., how much? \$ _____ For what?

If you rent your living quarters, or a trailer lot, how much
 per week \$ _____ month \$ _____

Utilities: Check any of the following if you pay extra for
 them:
 ___ Heat ___ Gas for cooking ___ Lights ___ Water
 ___ Sewerage ___ Garbage removal

Do you or anyone living with you have expense for any of the
 following?

Child care (babysitting)? ___ Yes ___ No

Support of a divorced or estranged
 spouse or child(ren) not living in
 the home? ___ Yes ___ No

Hospital or health insurance? ___ Yes ___ No

(continued from page 2)

Do not write here

Verifications:

Continuing prescribed medical expenses not reimbursed by insurance? Yes No

Home nursing or care in a nursing home? Yes No

Housekeeper services related to a medical problem? Yes No

Other unusual expenses? Yes No

Explain: _____

In determining eligibility for the food stamp program, the resources or the parents of household members under the age of 21 must be considered. If you or any other household member are under 21, and your parents are not themselves members of the household, give the following information:

Person under 21	Parents' names	Address(es)
	father	
	mother	
	father	
	mother	
	father	
	mother	
	father	
	mother	

Statement of applicant:

I here by make application for participation in the Food Stamp Program for myself and the members of my household and declare, under penalties of perjury, that the statements above about my income, resources, and other information are true to the best of my knowledge. I agree to notify the county department of social services immediately of any change in the information contained herein. I authorize any person or agency having knowledge of my income and resources to furnish any information regarding them to the county department of social services. I agree that I will use the coupons only to provide food for myself and members of my household.

Signature _____ Date _____

Do not write here

Comments: _____

DO NOT WRITE ON THIS PAGE!!!!.

Total net income..... _____

Heat..... _____

Utilities..... _____

House or mobile home payment _____

Taxes per year _____ ÷ 12 = _____

Rent..... _____

Total shelter expense..... _____

Less 30% of net income..... _____

Extra shelter expense..... _____

Child care..... _____

Support or alimony..... _____

Medical..... _____

Nursing care..... _____

Housekeeper..... _____

Other..... _____

Total hardship adjustments..... 60 _____

Adjusted monthly income (net income less adjustments)..... _____

APPLICATION DENIED: Reason _____

Date _____ Worker's signature _____

APPLICATION APPROVED: Case name _____

____ New case Case number _____

____ Re-open Address: Street _____

____ Monthly City _____ ZIP _____

____ Semi-monthly _____ Proxy _____

Family size _____ _____ Alternate _____

Load number _____ Period authorized: _____ to _____

cash	bonus	total

____ Client waiting

____ Mail

Remarks _____

Date _____ Worker's signature _____