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 assetts, income, shelter costs, and any unusual expenses you declare on this application.

| Your name (last, f | irst, middle) | | Birth date (month/day/year) | Do not write here Verifications: |
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| Home address (stre | et) | | Social security # | Soc ascerty: |
| -(city, ZIP) | | | Telephone | Other Union dyes/mo |
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| List your family a Last name, firs | nd other members of t | the h | ousehold: Relationship | Person receiving |
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| Do you or anyone el | se in your home have | income other than | | | |
| earnings, such as | unemployment compens | ation, sick benefits, | Do you here spoken | | |
| social security ben | efits, pensions, str | ike pay, loans, granva, | on a loop your well | | |
| | s, room and board pa | | The state of the s | | |
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| | | ouse trailer, how much | | | |
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| If you rent your living quarters, or a trailer lot, how much per week \$ month \$ | | | | | |
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| the home? | | Yes No | | | |
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| of 21 must be o | considered. If you er 21, and your par | or any other h | ousehold | Child care. |
| members of the | household, give th | e following inf | ormation: | zeo etocopal |
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| my income and resources to furnish any information regarding them to the county department of social services. I agree that | | | | t |
| I will use the coupons only to provide food for myself and members of my household. | | | | Pauls glimas |
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| Signature | | and the control of th | Date | |
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