

FOODSHARE CT-NAP (CONNECTICUT NUTRITION ASSISTANCE PROGRAM)

HOUSEHOLD DECLARATION OF NEED FORM

FIRST NAME (HEAD OF HOUSEHOLD)

LAST NAME (HEAD OF HOUSEHOLD)

DATE OF BIRTH (MM/DD/YY)

Including yourself, how many people in your household are:

Children (0 - 17)	Adults (18 - 59)	Seniors (60+)	Male	Female	Black	White	Hispanic	Asian or Pac. Isl.	Other

OPTION #1: Check the box next to any program that you participate in; then sign below.

- | | |
|---|---|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> SAGA |
| <input type="checkbox"/> School Meals | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Husky A or B | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Aid to the Blind or Disabled |

OPTION #2: Circle your household size. If your gross annual household income is **at or below** the amount listed under your household size, sign below.

1	2	3	4	5	6	7	8
\$28,529	\$38,681	\$48,833	\$58,985	\$69,137	\$79,289	\$89,441	\$99,593

FOR EACH ADDITIONAL PERSON ABOVE FAMILY SIZE OF 8, ADD \$10,152

I certify that my yearly gross household income is at or below the income listed on this form for households of the same number of people as my household, OR that my household participates in the program that I have checked on this form. I understand that this certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also certify that, as of today, my household lives in Connecticut.

SIGNATURE (HEAD OF HOUSEHOLD)

TODAY'S DATE