## Food Assistance Program (FAP)



Please fill out the following details along with the Assistance Application if seeking Food Assistance **Household Details** Does anyone buy and make food separately from If yes, who? No the rest of the household? Is anyone living in a facility or special living If yes, who? No arrangement (now or within the past 3 months)? Is anyone in your household going to an alcohol or If yes, who? No drug treatment program? Does anyone in your household receive tribal food If yes, who? No distribution benefits? Has anyone received Food Assistance from another If yes, who? No state in the last 30 days? State **Housing Expenses**  Only list the amount you pay, Does anyone in your household pay for housing expenses? If yes, list below. No not Housing Choice Voucher (Section 8), HUD, MSHDA, etc. **Land Contract** Rent Homeowner's Insurance Other Only list Insurance/Property Tax Mortgage Mobile Home Lot Rent **Property Tax** if not included in mortgage Who pays? Type of Expense Amount **How Often Paid** \$ \$ **Utilities** If yes, check below. Does anyone in your household pay for utilities (not included in rent)? Electricity Trash Pickup **Cooking Fuel**  $\leftarrow$  Heat types include gas, electric heating, propane, wood, etc. Phone Air Conditioning Water/Sewer Electricity does not include heat or air conditioning If utilities are included in your rent, does anyone in your household pay an extra fee for air conditioning? Has anyone applying for FAP received more than \$20 in State Emergency Relief (SER) energy payments or Michigan Energy Assistance Program (MEAP) payments in the last 12 months? Has anyone applying for FAP received more than \$20 in the Home Heating Credit (HHC) in the last 12 months?

Michigan Department of Health and Human Services

Your Name