



## SNAP Application Data Sheet

Application Number: 11535262

Submitted On:28.Sep.2022

### About me

What is your first name?	MIbnhzkzw
What is your middle name?	Bvzynawzi
What is your last name?	Mmmbjpwcd
Suffix	II
What is your date of birth?	11.Sep.1957
What is your Social Security Number?	

### My contact info

Is your household homeless?	No
Residential address	5625 Street Name,BOSTON, MA 02111
Mailing address	5628 Street Name,BOSTON, MA 02111
What is the best phone number to reach you?	(092) 807-5619
What is your email address?	username_5628@gmail.com

### Emergency SNAP benefits

Does your income and money in the bank add up to less than your monthly housing expenses?	No
Is your monthly income less than \$150 and is your money in the bank \$100 or less?	Yes
Are you a migrant worker and is your money in the bank \$100 or less?	Yes

### More about me

Are you a US Citizen?	Yes
What language do you prefer to speak?	English
What is your gender?	Male
What is your ethnicity?	Non-Hispanic/Latino
What is your race?	Asian



## About my Household Members

How many people live in your household, including you? 4

Does anyone in the house have a physical or mental disability? Yes

### Household 1: Dgctrngaj Lrxbrhlh 's details

What is this person's first name? Dgctrngaj

What is this person's middle name?

What is this person's last name? Lrxbrhlh

Suffix

What is this person's relationship to you? Son

What is this person's date of birth? 26.Sep.2012

What is this person's Gender? Male

Is this person a US Citizen? Yes

What is this person's Social Security Number?

### Household 2: Xxrptkcc Rndpqcsfx 's details

What is this person's first name? Xxrptkcc

What is this person's middle name?

What is this person's last name? Rndpqcsfx

Suffix

What is this person's relationship to you? Daughter

What is this person's date of birth? 16.Sep.2012

What is this person's Gender? Female

Is this person a US Citizen? Yes

What is this person's Social Security Number? XXX-XX-5711

### Household 3: Nquhvgidx Luyvdhgz 's details

What is this person's first name? Nquhvgidx

What is this person's middle name?

What is this person's last name? Luyvdhgz

Suffix

What is this person's relationship to you? Grand Father

What is this person's date of birth? 22.Sep.1957

What is this person's Gender? Male

Is this person a US Citizen? Yes

What is this person's Social Security Number? XXX-XX-5721



## House Hold Income

Does anyone in the House hold receive any income or benefits? **MIbnhzkzw BVZYNAWZI Mmbbjpwcd (11.Sep.1957)**

### **MIbnhzkzw BVZYNAWZI Mmbbjpwcd (11.Sep.1957)s Income and Benefits**

What type(s) of income and benefits does he have?	Wages Veteran's Benefits Child Support
What is the gross income amount of his Child Support?	\$ 437.68 / Month
What is the gross income amount of his Veteran's Benefits?	\$ 663.77 / Month
What is the gross income amount of his Wages?	\$ 397.06 / Month
What is the gross income amount of his Wages?	\$ 688.06 / Month

## Housing Costs

Does your household have any utility costs? **Heat (oil, gas, electricity or propane, etc.)**

What type of housing cost does your household have? **Rent**

How much is your household's Rent ?

## Dependent Care Costs

Does any one in the Household have child or Adult dependent care cost? **MIbnhzkzw BVZYNAWZI Mmbbjpwcd (11.Sep.1957)**

### **MIbnhzkzw BVZYNAWZI Mmbbjpwcd (11.Sep.1957)'s Dependent Care Costs**

Who does he pay dependent care for?	<b>DGCTRNGAJ LRXBRHLLH (26.Sep.2012)</b>
How much does he pay for provider care?	<b>\$ 664.31 / Year</b>
How much does he pay for Transportation?	<b>\$ 343.83 / Year</b>
Dependent Care Address 1	<b>5828 Street Name,BOSTON MA, US-02111</b>
How often does he drive to this address?	<b>25Trips / Week</b>
Dependent Care Address 2	<b>5839 Street Name,BOSTON MA, US-02111</b>
How often does he drive to this address?	<b>8Trips / Week</b>

**Support Costs**

Does anyone in the household have a legal obligation (court order) to pay child support to a child not living with you? MLBNHZKZW BVZYNAWZI MMMBJPWCD (11.Sep.1957)

What is the Child Support cost for MLBNHZKZW BVZYNAWZI MMMBJPWCD (11.Sep.1957)? \$ 246.07 / Month

**Medical costs**

Does anyone listed below pay for health insurance or other medical costs including prescriptions, transportation, over the counter medications, dental or eye care, adult diapers, etc.? MLBNHZKZW BVZYNAWZI MMMBJPWCD (11.Sep.1957)

**Medical costs for MLBNHZKZW BVZYNAWZI MMMBJPWCD (11.Sep.1957)**

Does he drive to medical appointments or the pharmacy? Yes

Medical Appointment/Pharmacy Address Appointment or Pharmacy 1 5909 Street Name,BOSTON MA, US-02111

How often does he drive to this address? To and from a provider should be counted as two trips. 18 Trips / Week

How much does he pay for transportation and parking for medical appointments or pharmacy? \$ 534.06 / Week

**EBT Card**

Do you need an EBT Card? Yes

By signing, I agree that:

- I have read this entire form (or have had it read to me in a language that I understand), including the section about rights and responsibilities, and understand that I must comply with these rules;
- The information I am giving is true and complete to the best of my knowledge;
- I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information; and DTA and other federal, state, and local officials may verify (check) any information I give.

**Full Name**

ZPXURYLDP

**Submitted On**

28.Sep.2022 07:59 AM

### Notice of Rights, Responsibilities and Penalties

I certify that I have read or have had read to me the information in this form. My answers to the questions in this form are true and complete to the best of my knowledge. I also certify that information I provide to the Department during the interview and in the future will also be true and complete to the best of my knowledge. I understand that giving false or misleading information is fraud. I also understand that misrepresenting or withholding facts to establish SNAP eligibility is fraud. This results in an Intentional Program Violation (IPV) and is punishable by civil and criminal penalties.

**I understand that the Department of Transitional Assistance (DTA) administers SNAP. Further, I understand that:**

- The Food and Nutrition Act of 2008 (7 U.S.C. 2011-2036) allows DTA to use my Social Security Number (SSN) and the SSN of each household member I apply for. DTA uses this information to determine my household's eligibility for SNAP. DTA verifies this information through computer matching programs. I understand that DTA uses it to monitor compliance with program regulations.
- Most of the time, households under the SNAP Simplified Reporting rules have to tell DTA changes at Interim Report (IR) and recertification with the exception of:
  - o If my household's income exceeds the gross income threshold
  - o If I am under the able-bodied adult without dependents (ABAWD) work requirements and my work hours drop below 20 hours weekly
- If DTA receives verified information about my household, my benefit amount may change
- If I am not under the SNAP Simplified Reporting rules or Transitional Benefits Alternative (TBA) rules, I must report to DTA changes to my household that may affect our eligibility. I understand that I must report these changes to DTA in person, in writing or by phone within **10 days of the change**. For example, you must report changes in your household's income, size, or address.
- I have a right to speak to a supervisor if DTA finds me ineligible for emergency SNAP benefits and I disagree. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my benefits by the seventh calendar day after I applied for SNAP. I may speak to a supervisor if I am eligible for emergency SNAP benefits but do not get my Electronic Benefit Transfer (EBT) card by the seventh calendar day after I applied for SNAP.
- I may receive more SNAP benefits if I report and give verification to DTA of:
  - o child or other dependent care costs, shelter costs, and/or utility costs
  - o legally-obligated child support to a nonhousehold member
- If I am 60 years or older or if I am disabled and I pay for medical costs, I can report and give verification of these costs to DTA. This may make me eligible for a deduction and increase my SNAP benefits.
- Unless they meet an exemption, all SNAP recipients between the ages of 16 and 59 are work registered and subject to General SNAP Work Requirements. SNAP recipients between the ages of 18 and 49 may also be subject to the ABAWD Work Program requirements. DTA will inform nonexempt household members of the work requirements. DTA will inform nonexempt household members of exceptions and penalties for noncompliance.
- Most SNAP recipients may voluntarily participate in education and employment training services through the SNAP Path to Work program. DTA will give referrals to the SNAP Path to Work program if appropriate.

### **Right to Register to Vote**

I understand I have the right to register to vote at DTA. I understand that DTA will help me fill out the voter registration application form if I want help. I am allowed to fill out the voter registration application form in private. I understand that applying for register and declining to register to vote will not affect the amount of benefits I get from DTA.

### **SNAP Penalty Warning**

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that person will not be eligible for SNAP for one year after the first violation, two years after the second violation and forever after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws.

These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not eligible to get.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's SNAP benefits or EBT card, unless you are an authorized representative.

I also understand the following penalties:

- Individuals who commit a cash program Intentional Program Violation (IPV) will be ineligible for SNAP for the same period the individual is ineligible from cash assistance.
- Individuals who make a fraudulent statement about their identity or residency to get multiple SNAP benefits at the same time will be ineligible for SNAP for ten years.
- Individuals who trade (buy or sell) SNAP benefits for a controlled substance/illegal drug(s), will be ineligible for SNAP for two years for the first finding, and forever for the second finding.
- Individuals who trade (buy or sell) SNAP benefits for firearms, ammunition or explosives, will be ineligible for SNAP forever.
- Individuals who trade (buy or sell) SNAP benefits having a value of \$500 or more, will be ineligible for SNAP forever.
- The State may pursue an IPV against an individual who makes an offer to sell SNAP benefits or an EBT card online or in person.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony, or are violating probation or parole, are ineligible for SNAP.
- Paying for food purchased on credit is not allowed and can result in disqualification from SNAP.
- Individuals may not buy products with SNAP benefits with the intent to discard the contents and return containers for cash.
- DTA may also share the names and contact information of SNAP recipients with SNAP Path to Work providers for recruitment purposes. I understand that members of my household may be contacted by DTA SNAP Path to Work specialists or contracted providers to explore SNAP Path to Work participation options. For more information about the SNAP Path to Work program, visit [www.snappathtowork.org](http://www.snappathtowork.org).

**I understand that the information I give with my application will be subject to verification to determine if it is true. If any information is false, DTA may deny my SNAP benefits. I may also be subject to criminal prosecution for providing false information.**

I understand that by signing this application I give DTA permission to verify and investigate the information I give that relates to my eligibility for SNAP benefits, including permission to:

- Get documents to prove information on this application with other state agencies, federal agencies, local housing authorities, out-of-state welfare departments, financial institutions and from Equifax Workforce Solutions. I also give permission to these agencies to give DTA information about my household that concerns my SNAP benefits.
- Contact third parties to verify information related to eligibility on my behalf. This includes, but is not limited to, employers, landlords, and utility companies.
- If applicable, verify my immigration status through the United States Citizenship and Immigration Services (USCIS). I understand that DTA may check information from my SNAP application with USCIS. Any information received from USCIS may affect my household's eligibility and amount of SNAP benefits.
- Share information about me and my dependents under age 19 with the Department of Elementary and Secondary Education (DESE). DESE will certify my dependents for school breakfast and lunch programs.
- Share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health (DPH). DPH refers these individuals to the Women, Infants and Children (WIC) Program for nutrition services.
- Share information, along with the Massachusetts Executive Office of Health and Human Services, about my eligibility for SNAP with electric companies, gas companies and eligible phone and cable carriers to certify my eligibility for discount utility rates.
- Share my information with the Department of Housing and Community Development (DHCD) for the purpose of enrolling me in the Heat & Eat Program.
- Share information about me and my dependents with the Department of Revenue (DOR) for the purpose of verifying my eligibility for income-based tax credits as determined by DOR, including Earned Income and Limited Income and determining if I am eligible for "No Tax Status" or hardship status.

DTA may deny, stop or lower my benefits based on information from Equifax Workforce Solutions. I have the right to a free copy of my report from Equifax if I request it within 60 days of DTA's decision. I have the right to question the accuracy or completeness of the information in my report. I may contact Equifax at: Equifax Workforce Solutions, 11432 Lackland Road, St. Louis, MO 63146, 1-800-996-7566 (toll free).

I understand that I will get a copy of the "Your Right to Know" brochure and the SNAP Program brochure. I will read or have read to me the brochures and I must understand their contents and my rights and responsibilities. If I have any questions about the brochures or any of this information, I will contact DTA. DTA can be reached at: 1-877-382-2363.

I swear that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or lawfully residing noncitizens.

### **Right to an Interpreter**

I understand that I have a right to an interpreter provided by DTA if no adult in my SNAP household is able to speak or understand English. I also understand that I can get an interpreter for any DTA fair hearing or bring one of my own. If I need an interpreter for a hearing, I must call the Division of Hearings at least one week before the hearing date.

### **Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering

USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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