SELF-DECLARATION OF INCO Revised Income Level Effective State of Virginia – USDA The Emerge		Agency #: Agency Nan e of Worker:	ne:				
Number in Family:	Numb	oer of People <i>A</i>	age 65 and O	ver:			
		Number of People Age 18 and Younge					
Applicant's Last, First Name:],		Phone #:			
Address:				Apt:			
City:			State:		Zip:		
Does the applicant's entire househo	ld receive any of th	ne following?					
SNAP (Food Stamps)	ΥO	N O Tempor	ary Assistance f	or Needy Familie	s (TANF):	$Y \bigcirc N$	0
Supplemental Security Income (SSI):	Y O N O Is	the Applicant a	one-person ho	usehold receiving	Medicaid? Y	\bigcirc N \bigcirc	
If yes to any of the questions above, genders in the grid below. If no to all				d you should list	ONLY names, ag	es, and	
Names	Age	M/F	Income	Monthly	Weekly	Bi-Weekly	Yearly
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
I certify that I am the only person in a persons in my household is not more understand that I may only receive TEF/STATEMENT OF NON-DISCRIMINATION from discriminating on the basis of ra	than the amount AP food once per r : In accordance w ce, color, national	shown and the nonth. vith Federal law origin, sex, ag	e information I and U.S. Depa ge, or disability.	have provided is artment of Agricu To file a compl	correct to the lture Policy, thi	best of my kno s institution is p crimination, wr	wledge. I prohibited rite USDA,
Director, Office of Adjudication, 1400 Ir who are hearing impaired or have spee USDA is an equal opportunity provider	ch disabilities may		-				
Applicant's Signature:				Date:			
Applicant's Signature:				Date:			
Applicant's Signature:				Date:			
Applicant's Signature:				Date:			
Applicant's Signature:				Date:			
Applicant's Signature:				Date:			

11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Total Annual Income						