

SFMNP INCOME ELIGIBILITY GUIDELINES

Participation in the Senior Farmers' Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose gross income (i.e., income before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc.) is equal to or less than the income poverty guidelines increased by 185%.

| WIC Income Eligibility Guidelines | | | | | |
|---|---------------|----------------|----------------------|------------------|---------------|
| (Effective from July 1, 2022 to June 30, 2023) | | | | | |
| 48 Contiguous States, D.C., Guam and Territories | | | | | |
| Family Size | Annual | Monthly | Twice-Monthly | Bi-Weekly | Weekly |
| 1 | \$25,142 | \$2,095 | \$1,048 | \$967 | \$484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,550 | 1,775 | 1,639 | 820 |
| 4 | 51,338 | 4,278 | 2,139 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,155 |
| 6 | 68,802 | 5,733 | 2,867 | 2,647 | 1,323 |
| 7 | 77,534 | 6,461 | 3,231 | 2,982 | 1,491 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Each Add'l Member Add | +8,732 | +728 | +364 | +337 | +169 |

My signature indicates that I have reviewed the income guidelines by household. By signing this I attest that my income is at or below my household size, listed above. I also affirm that I live in UNION County and I am at least 60 years of age. **I understand that if any of these statements are found to be fraudulent, I will be subject to sanctions per the State Policies and Procedures.**

Name of Participant #1/Proxy Date

Name of Participant #2/Proxy Date

Signature of Participant #1/ OR Proxy

Signature of Participant #2/ OR Proxy

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Office on Aging Site UNION COUNTY Application Date ____/____/____

Name: Last_ (1) _____ First _____ MI _____

Name: Last_ (2) _____ First _____ MI _____

Address: _____

City _____ State _____ Zip _____

Date of Birth (1) _____ Date of Birth (2) _____ Ph.# _____

Check one box:

Check one or more boxes:

(1) Ethnicity (2) Ethnicity

(1) Race:

(2) Race:

Hispanic

Hispanic

American Indian or Alaskan Native

American Indian

Non-Hispanic Non-Hispanic

Native Hawaiian or Pacific Islander

Native Hawaiian or Pacific

Asian

Asian

Black or African American

Black or A.A.

White

White

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(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.

This institution is an equal opportunity provider.

Please return this form to:

Union County Division on Aging
10 Elizabethtown Plaza, 4th Fl.
Elizabeth, NJ 07207

<http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines>
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