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)**

<table>
<thead>
<tr>
<th>48 Contiguous States, D.C., Guam and Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Size</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>8</td>
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<tr>
<td>Each Add'l Member Add</td>
</tr>
</tbody>
</table>

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
SFMNP INCOME ELIGIBILITY GUIDELINES

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:  

(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.

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Federal Register / Vol. 84, No. 81

Please return this form to:
Union County Division on Aging
10 Elizabethtown Plaza, 4th Fl.
Elizabeth, NJ 07207