

**SFMNP APPLICATION WITH INCOME ELIGIBILITY GUIDELINES
AND INCOME SELF-DECLARATION**

*Bring completed application to any of the SFMNP distribution sites or email to seniors@co.bergen.nj.us or mail to:
Bergen County Division of Senior Services, SFMNP
One Bergen County Plaza, 2nd Floor,
Hackensack, NJ 07601
For list of SFMNP distribution sites call 201-336-7400 or visit www.co.bergen.nj.us/division-of-senior-services/nutrition*

Participation in the Senior Farmers’ Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose Household Income is equal to or less than the income poverty guidelines below.

WIC Income Eligibility Guidelines (Effective from June 1, 2023, to June 30, 2024)						
48 Contiguous States, D.C., Guam and Territories						
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	
<input type="checkbox"/> 1	\$26,973	\$2,248	\$1,124	\$1,038	\$519	
<input type="checkbox"/> 2	36,482	3,041	1,521	1,404	702	
<input type="checkbox"/> 3	45,991	3,833	1,917	1,769	885	
<input type="checkbox"/> 4	55,500	4,625	2,313	2,135	1,067	
<input type="checkbox"/> 5	65,009	5,418	2,709	2,501	1,251	
<input type="checkbox"/> 6	74,518	6,210	3,105	2,867	1,434	
<input type="checkbox"/> 7	84,027	7,003	3,502	3,232	1,616	
<input type="checkbox"/> 8	93,536	7,795	3,898	3,598	1,799	
Each Add'l Member Add	+ \$9,509	+ \$793	+ \$397	+ \$366	+ \$183	

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 Bergen 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.

By my signature, I certify that I have been advised of the Rights and Obligations and the Eligibility Criteria for the Senior Farmers Market Nutrition Program, and the information I have provided here is true and accurate.

		/ / 2023
Name of Household Head (Print)	Signature	Date

		/ /2023
Name of Spouse (Print)	Signature	Date

To Be Completed by BC DSS Staff Member Only.

Household ID

Approved by:

Date:

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Office on Aging Site: Bergen County Division of Senior Services

Application Date: ____ / ____ / 2023

Household Information:

Household Size: ____ Total Monthly Income: \$ _____

Address: _____ City _____ Zip _____

Phone: _____ Cell Landline Email: _____

*If Homeless, please provide at least one form of identity:

Drivers License Birth Certificate Social Security Benefits Statement Other _____

Head of Household:

Language Spoken: _____

Surname _____ First Name _____ MI _____

Date of Birth _____ Gender: Male Female Ethnicity: Hispanic Non-Hispanic

Race: American Indian / Alaskan Native Asian Native Hawaiian / Pacific Islander

Black / African American White

Income Proof: Medicaid SNAP Social Security Self- Declared: \$ _____ per month

Spouse:

Language Spoken: _____

Surname _____ First Name _____ MI _____

Date of Birth _____ Gender: Male Female Ethnicity: Hispanic Non-Hispanic

Race: American Indian / Alaskan Native Asian Native Hawaiian / Pacific Islander

Black / African American White

Income Proof: Medicaid SNAP Social Security Self- Declared: \$ _____ per month

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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, 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.

This institution is an equal opportunity provider.

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