

## 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%.

<b>WIC Income Eligibility Guidelines</b> <b>(Effective from July 1, 2022, to June 30, 2023)</b> <b>48 Contiguous States, D.C., Guam and Territories</b>					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
Each Add'l Member Add	+\$8,732	+\$728	+\$364	+\$336	+\$168

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 \_\_\_\_\_ 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 subjected to sanctions per the State Policy and Procedures.

1. Name of Participant (Print)	1. Signature	Date
2. Name of Participant (Print)	2. Signature	Date
3. Proxy (Print)	3. Proxy Signature	Date

## SFMNP INCOME ELIGIBILITY GUIDELINES

Office on Aging Site: \_\_\_\_\_ Application Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: Last \_ (1) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Name: Last \_ (2) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

(Spouse applying for SFMNP Benefits)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (1) \_\_\_\_\_ Date of Birth (2) \_\_\_\_\_ Ph. # ( ) \_\_\_\_\_

Check one box:

- (1) Ethnicity ☐ Hispanic ☐ Non-Hispanic  
(1) Race: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander  
☐ Asian ☐ Black or African American ☐ White

Check one box:

- (2) Ethnicity ☐ Hispanic ☐ Non-Hispanic  
(2) Race: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander  
☐ Asian ☐ Black or African American ☐ White

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, disability, age, 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, audiotope, 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.

File a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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).

This institution is an equal opportunity provider.

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

USDA is an Equal Opportunity Provider, Employer and Lender Federal Register / Vol. 84, No. 81