





State Form 53263 (R10 / 3-16) / DFR 2512

INSTRUCTIONS: Please fill out your application as completely as you can. It will help if you can answer all of the questions. However, the application will be valid if you provide name(s), address, and signature. To be considered for expedited SNAP (Food Assistance) service you must complete all of Section 8. Please do not forget to sign your application on Page 1 Section 3.

1. If you are completing this application on behalf of someone else and you do not live in their household, please provide

your name below and your contact information in Section 7. If you are consomeone else and you do live in their household, please provide your information.	
First Name MI Last Name	Suffix
Information for person needing assistance: (additional individuals may be a Check the Help This Person Needs: SNAP (Food Assistance) Cash Assist f Not Applying is checked, completion of the Social Security Number and US Citizen information	istance (TANF or Refugee) Not Applying
First Name MI Last Name	Suffix
Oate of Birth (mm-dd-yyyy) Social Security Number Gene	der: US Citizen?
	Male Female Yes No
Marital Status: Single Married Divorced Separated	Widowed
thnicity: Hispanic or Latino? Yes No	
ace: (select all that apply)	Asian Multiracial
American Indian or Alaskan Native Native Hawaiian	or Pacific Islander
Iome Address: Number and Street	Apartment/Lot Nun
State State	ZIP Code
County: Telephone Numb	per:
How many people live at this address including you?	OFFICIAL USE ONLY
Signature and Date Required: Read carefully, then sign & date below.	<u> </u>
understand the following:	
INFORMATION THAT I GIVE IS SUBJECT TO VERIFICATION BY FEDERAL, STATE, OR LOCAL OFFI ANY INFORMATION IS INCORRECT, SNAP OR OTHER BENEFITS MAY BE REDUCED OR DENI PROSECUTION OR DISQUALIFIED FROM ANY PROGRAM FOR KNOWINGLY PROVIDING INCORRECT A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting Temporary Assistance for Needy Families (<i>TANF</i>). A person convicted under federal or state law of a felony which occurred after August 22, 1996, that includes possession, and / or TANF. If applying for Temporary Assistance for Needy Families (<i>TANF</i>), my signature assigns and transfers to the Division of F. which I have against absent parent(s). This assignment is subject to 42 USC SECTION 602(a)(26) as amended. If applying for SNAP, I am registering all persons required to register for work and perform specific work including coop I have received a copy of the "Notice Regarding Rights and Responsibilities" and I understand all information included or	ED AND THE APPLICANT MAY BE SUBJECT TO CRIMIT CT INFORMATION (7 CFR 273.2(b)(1)(i)). g from a felony conviction is not eligible to receive SNAP and / or use, or distribution of a controlled substance is not eligible to receive S amily Resources all child support rights (accrued, pending, and continu- eration with employment and training activities. In this form.
To be considered for Expedited SNAP service, your household must have less than \$150 in monthly gross income and have less in available cash; or have a combined cash and monthly gross income amount less than the household monthly rent/n certify under penalty of perjury, all information I have given on this application, any attachments and information provided est of my knowledge and belief, including the citizenship or immigration status of each applicant.	nortgage and utility expenses.
Signature	Date (mm-dd-yyyy)







4. Mailing Address (if different than home address): City State ZIP Code 5. Alternate Telephone: Work Telephone: 6. E-mail address: 7. If you are completing this application on behalf of someone else, please provide your contact information below: Street Address City State ZIP Code Telephone number: Do you live with the person(s) needing assistance? Yes No If no, what is your relationship to the person(s) needing assistance? NOTE: If you are a representative for the person(s) needing assistance, the applicant must complete and sign the enclosed Authorized Representative form. 8. Expedited Service for SNAP (Food Assistance): If you are not applying for SNAP, skip to section 9. If you are applying for SNAP and want to be considered for Expedited SNAP service, please answer all questions in this section. Write all amounts even if 0. Enter how much total gross earned income (before taxes/deductions) your household will receive this month: Enter how much total unearned income or other money your household will receive this month: (Unearned income includes: Social Security, child support, unemployment, etc.) Enter your total household money in cash, checking accounts, savings accounts, other: Enter the amount you are charged each month for your rent or mortgage: Do you pay to heat or cool your home? Yes No If no, do you pay for any other utilities (electric, water, sewer, etc)? Yes No Is anyone in your household a migrant worker or seasonal farm worker? No Yes If yes, will you receive income from your former employer after today? Yes No Will you receive more than \$25 income from your new employer within 10 days? Yes No Has everyone in your household (including you) been approved to receive SNAP benefits this month? No Yes





- 9. Provide the following information for all other persons who live at the home address in Section 2:
 - Person listed in Section 2 does not need to be listed again.
 - If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional.

Check the Help This Person Needs:	SNAP (Food Assistance)	ash Assistance (TANF or Ref	Tugee) Not Applying	
First Name	MI Last Name		Suffix	
Date of Birth (<i>mm-dd-yyyy</i>)	ocial Security Number	Gender:	US Citizen?	
		Male Female	Yes No	
Marital Status: Single Man	rried Divorced Separated	Widowed		
Ethnicity: Hispanic or Latino?	Yes No			
Race: (select all that apply)	Black or African American	Asian	Multiracial	
American Indian or Alaskan Native Native Hawaiian or Pacific Islander				
Relationship to person needing assistance lis	sted in Section 2:			
Check the Help This Person Needs: SNAP (Food Assistance) Cash Assistance (TANF or Refugee) Not Applying				
First Name	MI Last Name		Suffix	
First Name	MI Last Name		Suffix	
	MI Last Name ocial Security Number	Gender:	Suffix US Citizen?	
		Gender: Male Female		
Date of Birth (mm-dd-yyyy) Se			US Citizen?	
Date of Birth (mm-dd-yyyy) Se	ocial Security Number	Male Female	US Citizen?	
Date of Birth (mm-dd-yyyy) So Marital Status: Single Mar	ocial Security Number rried Divorced Separated	Male Female	US Citizen?	
Date of Birth (mm-dd-yyyy) Sometimes of Birth (mm-dd-yyyy) Marital Status: Single Man Ethnicity: Hispanic or Latino? Race: (select all that apply) White	ocial Security Number Tried Divorced Separated Yes No Black or African American	Male Female Widowed	US Citizen?	

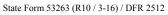


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Check the Help This Person Needs:	SNAP (Food Assistance)	Cash Assistance (TANF or F	Refugee) Not Applying
First Name	MI Last Name		Suffix
Date of Birth (mm-dd-yyyy)	Social Security Number	Gender:	US Citizen?
		Male Female	Yes No
Marital Status: Single M	farried Divorced Separated	Widowed	
Ethnicity: Hispanic or Latino?	Yes No		
Race: (select all that apply) White	Black or African American	Asian	Multiracial
Americ	can Indian or Alaskan Native Native	Hawaiian or Pacific Islander	
	listed in Section 2:		
Relationship to person needing assistance			
Relationship to person needing assistance			
Relationship to person needing assistance Check the Help This Person Needs:	SNAP (Food Assistance)	Cash Assistance (TANF or F	Refugee) Not Applying
Check the Help This Person Needs:	SNAP (Food Assistance) MI Last Name	Cash Assistance (TANF or F	Refugee) Not Applying Suffix
		Cash Assistance (TANF or F	
Check the Help This Person Needs: First Name		Cash Assistance (TANF or F	
Check the Help This Person Needs: First Name	MI Last Name		Suffix
Check the Help This Person Needs: First Name Date of Birth (mm-dd-yyyy)	MI Last Name	Gender: Male Female	Suffix US Citizen?
Check the Help This Person Needs: First Name Date of Birth (mm-dd-yyyy) Marital Status: Single M	MI Last Name Social Security Number	Gender: Male Female	Suffix US Citizen?
Check the Help This Person Needs: First Name Date of Birth (mm-dd-yyyy) Marital Status: Single M. Ethnicity: Hispanic or Latino?	MI Last Name Social Security Number farried Divorced Separated	Gender: Male Female	Suffix US Citizen?
Check the Help This Person Needs: First Name Date of Birth (mm-dd-yyyy) Marital Status: Single M Ethnicity: Hispanic or Latino? Race: (select all that apply) White	MI Last Name Social Security Number Married Divorced Separated Yes No Black or African American	Gender: Male Female Widowed	Suffix US Citizen? Yes No
Check the Help This Person Needs: First Name Date of Birth (mm-dd-yyyy) Marital Status: Single M Ethnicity: Hispanic or Latino? Race: (select all that apply) White	MI Last Name Social Security Number Idarried Divorced Separated Yes No Black or African American can Indian or Alaskan Native Native	Gender: Male Female Widowed Asian	Suffix US Citizen? Yes No









Check the Help This Person Needs:	SNAP (Food Assistance)	Cash Assistance (TANF or l	Refugee) Not Applying			
First Name	MI Last Nam	e	Suffix			
Date of Birth (mm-dd-yyyy)	Social Security Number	Gender:	US Citizen?			
		Male Female	Yes No			
Marital Status: Single N	farried Divorced Sep	parated Widowed				
Ethnicity: Hispanic or Latino?	Yes No					
Race: (select all that apply)	Black or African Amer	ican Asian	Multiracial			
Americ	can Indian or Alaskan Native	Native Hawaiian or Pacific Islander				
Relationship to person needing assistance	listed in Section 2:					
If more than six (6) people live a	t your address, please provide	the information starting on p	page 6.			
10. What is your preference for yo	ur application interview appo	intment? By telephone	At an office			
Please indicate if you need the following	ng interpreter services for your appl	ication interview appointment:				
Language interpreter						
Language						
Sign Language interpreter						
11. Do you want to receive automated calls from our agency? (Examples of calls you may receive are appointment reminders or due dates for requested documents.)						
12. Do you want to register to vote	? Yes No Yo	our answer will not affect your e	eligibility for benefits.			