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, 2020 to June 30, 2021) 48 Contiguous States, D.C., Guam and Territories					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
◯ 1	$23,828	$1,986	$993	$917	$459
◯ 2	32,227	2,686	1,343	1,240	620
◯ 3	40,626	3,386	1,693	1,563	782
◯ 4	49,025	4,086	2,043	1,886	943
◯ 5	57,424	4,786	2,393	2,209	1,105
◯ 6	65,823	5,486	2,743	2,532	1,266
◯ 7	74,222	6,186	3,093	2,855	1,428
◯ 8	82,621	6,886	3,443	3,178	1,546
Each Add'l Member Add	+ $8,399	+ $700	+ $350	+ $324	+ $162

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.

_____ _____/ _ _____/ 2021_____

Printed Name of Participant/Proxy Date

_____ _____

Signature of Participant/Proxy Signature of Spouse

http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines
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SFMNP INCOME ELIGIBILITY GUIDELINES

Office on Aging Site: Bergen County Division of Senior Services Application Date: _____/_____/__2021__

Name: Last_ (1) _____First_____ MI_____

Name: Last_ (2) _____ First_____ MI_____
(Spouse applying for SFMNP Benefits)

Address: City_____ County: _Bergen_____ Zip_____

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

Check one box for ethnicity. Check one or more boxes for race.

(1) Ethnicity ☐ Hispanic ☐ Non-Hispanic (2) Ethnicity ☐ Hispanic ☐ Non-Hispanic

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

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

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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.
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.

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