

## SENIOR FMNP RIGHTS AND RESPONSIBILITIES

I certify that the information I have provided below for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

By signing this, I acknowledge that my total household income is within the Income guidelines. As follows:

The 2022 household income eligibility is:

|                     |                     |
|---------------------|---------------------|
| 1 person - \$25,142 | 4 people - \$51,338 |
| 2 people - \$33,874 | 5 people - \$60,070 |
| 3 people - \$42,606 | 6 people - \$68,802 |

Each qualified senior may only receive the \$24 FMNP benefit 1 time each program year.