

For office use only: Application Number _____

Please Note: Applications must be completed in full. Incomplete forms will be returned.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
SENIOR FARMERS' MARKET NUTRITION PROGRAM
2022 Application Form**

To qualify you must be 60 or older (or turn 60 by 12/31/2022) and meet the household income guidelines.

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: \$25,142 for 1 person in the household; or \$33,874 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2022).

1st Participant Name (print): _____ **Birth date** _____
(Person checks are for)

(Signature) (Indicates understanding of rights and responsibilities)

2nd Participant Name (print): _____ **Birth Date** _____
(Person checks are for)

(Signature) (Indicates understanding of rights and responsibilities)

Address (print): _____

Telephone Number: _____ **County you live in** _____

Please circle the most appropriate identifier for each:

Ethnicity:	Hispanic or Latino	Not Hispanic or Latino	
Race:	American Indian or Alaskan Native Native Hawaiian or other Pacific Islander	Asian White	Black or African American

If more responses are received than funding allows you will be notified by mail.

**Please mail or email your completed form before September 15, 2022 to your County Aging Office:
email to contact@swpa-aaa.org Mail to: SWPA AAA – FMNP Application
305 Chamber Plaza, Charleroi PA 15022**

Check numbers Received: _____ , _____ , _____ , _____

Sign Out Date _____ **Agency Signature** _____