

	Total income	\$ _____
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PART D - ACCESSIBLE CASH RESOURCES

List all cash your household will be able to get to between **09/25/2024 - 10/24/2024**.

	AMOUNT
Cash on hand	_____
Total resources	\$ _____

PART F - ELIGIBILITY COMPUTATION

1. Total anticipated income (C)		\$ _____
2. Total accessible cash resources (D)	+	\$ _____
3. Add #1 and #2	=	\$ _____
4. Total disaster expenses (E)	-	\$ _____
5. Total available funds (Subtract #4 from #3)	=	\$ _____
6. Maximum Gross Income Limit (Amount from Disaster Table)	\$	_____

ELIGIBLE (#5 is equal to or less than #6)
 INELIGIBLE (#5 is greater than #6)

Denial Reason:

No Disaster-Related Loss
 Excess Income Residence Out of County
 Application Opened in Error
 Other _____

PART E - EXPENSES

List the disaster-caused expenses that your household paid or expects to pay between **09/25/2024 - 10/24/2024**.
Do not include expenses that were or will be paid by someone outside your household, such as cost covered by insurance or landlords.

	AMOUNT
Cost to protect property during disaster	_____
Cost to repair or replace items for home or self-employment property	_____
Dependent care due to disaster	_____
Temporary shelter expenses	_____
Funeral/medical expenses due to disaster	_____
Moving and storage costs due to disaster	_____
Other disaster-related expenses	_____
Food destroyed in disaster (no replacement required)	_____
Total expenses	\$ _____

PART G - PENALTY WARNING

If your household gets Disaster Food and Nutrition Services (DFNS), it must follow the FNS rules listed below. We may choose your household for a Federal or State review sometime after you receive your food assistance to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get Food and Nutrition Services.
DO NOT give or sell your benefits or authorization documents to anyone not authorized to use them.
DO NOT alter any document to get Food and Nutrition Services you are not entitled to.
DO NOT use Food and Nutrition Services to buy unauthorized items such as alcohol or tobacco.
DO NOT use another household's Food and Nutrition Services or authorization document for your household.
If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services permanently, and may be fined up to \$250,000 and/or jailed up to 20 years.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to: 1. mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

PART H - CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate Food and Nutrition Services as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing. My signature gives the Department of Social Services permission to verify the information I have provided.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X):

Signature (Applicant or Authorized Representative): _____ Date: _____

Witness Signature (If signed with X): _____ Date: _____

Interviewer _____ Date: _____

Keyer _____ Date: _____