



Senior Farmers' Market Voucher Program Application 2011



Site _____ Application taken by _____ Date: ____/____/2011

PLEASE PRINT CLEARLY— One person per application

Last Name _____ First _____ Last Four Digits of SSN _____

Street Address _____ Apt. # _____ Phone () _____

City _____ Zip _____ DOB ____/____/____ Age _____

Yearly Income for 1 person household: <input type="checkbox"/> Less than \$16,335 (150% FPG) <input type="checkbox"/> \$16,336 - \$19,057 (175% FPG) <input type="checkbox"/> \$19,058 - \$21,780 (200% FPG)	Yearly Income for 2 person household: <input type="checkbox"/> Less than \$22,065 (150% FPG) <input type="checkbox"/> \$22,066 - \$25,742 (175% FPG) <input type="checkbox"/> \$25,743 - \$29,420 (200% FPG)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Race <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____
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If you are unable to pick up or shop with the vouchers, you may name up to 2 representatives (ID of participant and representative required):

PLEASE PRINT CLEARLY

Representative's Name _____ Relationship to Participant _____ Phone _____

Alternate Name _____ Relationship to Participant _____ Phone _____

I hereby declare I am 60 years of age or older, or a representative, and will follow the guidelines for the Senior Farmers' Market program. I understand that I will be issued vouchers for the 2011 program and will not be issued replacement vouchers in the event of loss. ***I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requesting information.***

Signature of Participant _____ Date: ____/____/ **2011**

List the voucher numbers in the month given to the participant Funded by Delaware County Senior Services Levy

JUNE	JULY
AUGUST	SEPTEMBER