

## **Documentation Needs for Program Participation**

Photo ID for all adults

Social Security Cards for all household members over 6 months of age

Proof of US Citizenship [any of the following]

Birth Certificate

**Passport** 

Native American tribal card

Certificate of naturalization

Certificate of citizenship

Proof of Qualified [Legal] Alien Status

Proof of Delaware residency [any of the following]

Current driver's license

Current non-driver ID card

Mortgage statement/lease/utility bill/cable bill/bank statement with DE address

Federal or State government correspondence with DE address

Fixed Income [any of the following]

Social Security, SSI, or Veterans Assistance award letter, or bank statement showing direct deposit amount

Proof of Pension

Employment Income [any of the following]

Paystubs for last 3 months, or year-to-date paystub

Proof of tax records for self-employed

Proof of Unemployment Compensation or Child Support [12 month printout]

Proof of Temporary Assistance for Needy Families [TANF] or General Assistance [GA] copy of check, food stamp [SNAP] award letter

Current natural gas, propane, and/or electric bill with current address and account number

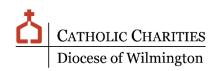
Proof of home ownership

Deed/mortgage

Proof of renter status

Complete current signed lease with address, utilities, and signature pages If subsidized, complete current rent recertification with amount you pay

Landlord verification form if no formal lease, completed, signed, and dated



## CATHOLIC CHARITIES, INC.

Food Cooperative Program Application

DATE:	LOCATION:							
MUST ATTACH PROOF OF INCOME TO THIS FORM Zero Income Declaration must be completed for any person(s) living within the household age 18 and over that has NO INCOME.								
Name:								
Address:		Cit	:y:		Zip:			
Phone: Ma	arital Status?S	ingleSingle	Parent _	Married	DivorcedWidow			
EMAIL:								
<b>LEAVE BLANK—Total</b>	Household Am	ount & Source	of Inc	ome—LEA	AVE BLANK			
Total Household Income \$								
Source of Income:DisabilityPensionSocial SecurityUnemploymentSNAPSSITANFEmploymentAlimony								
RACIAL/ETHNIC PARTICIPATION DATA  1. Are you Hispanic or Latino? [Check only one]YesNo								
2. What is your race? [Check all that a	apply]	_American Indian	or Alaska					
CaucasianBlack or African AmericanNative Hawaiian or Other Pacific Islander  3. Are you an active member of the Military or a Veteran?YesNo								
•	-							
Names of those living in household.	Include self, immed Relationship	diate family, rela		ends, and no Gender	on-married partners: Social Security #			
Name	Self	Date of Birth		Gender	Social Security #			

## **ZERO INCOME DECLARATION**

I certify that I and/or the following individuals residing in my household (18 and older) are not employed and have not received any income from any source for the stated time period:

NAME	AGE	RELATIONSHIP	TIME PERIOD	REASON
1.				
2.				
3.				

## **INCOME DECLARATION - NO DOCUMENTATION AVAILABLE**

	I certify that I have <b>NOT</b> been fo	ormally employed since _		_ (Month/Date/Year)	
Но	owever, I have received cash income in t	the past documentatio	` ,	owing work for which I have no	
	TYPE OF WORK	# OF WEEKS WORKED	EMPLOYER	AMOUNTS EARNED (Gross)	
				\$	
				\$	
my ricorre I authuse in PLEA I rele empl them what:	ISTANCE PROGRAM benefits at more to ights and obligations under the programment to the best of my knowledge.  Incomplete the release of information provided in determining eligibility for participation in control of the programment of the pr	on this application form to other public assistance pro G A CHECKMARK IN THE AMS of CATHOLIC CHA resulting from the FOOD A res, losses, claims, caus actions during the impler	other organizations admin grams and for program out IE APPROPRIATE BOX ARITITES, INC., its adm ASSISTANCE PROGRAM es of action and suits of mentation of the FOOD As	r my eligibility determination is nistering assistance program for treach purposes.  : □ YES □ NO  inistrating agency, its officers, off	
I	n accordance with Federal law and U.S. on the bases of race, color, national o Director, Office of Civil Rights, 1400 3272[voice] or [202] 720-6	rigin, sex, age, or disabili Independence Avenue,	y. To file a complaint of S.W., Washington D.C. 2	discrimination, write USDA, 02-9410 or call [800] 795-	
X					

Administered in part by
U.S. Department of Health and Human Services/Department of Health and Social Services/
Division of State Service Centers/Office of Community Services DHHS/DHSS/DSSC/OCS

Catholic Charities Staff & Date

**Club Member's Signature and Date**