



## 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  
Diocese of Wilmington

Proof of ID and income may be provided by taking a picture with your smart phone and emailing them to [foodprograms@ccwilm.org](mailto:foodprograms@ccwilm.org)

# 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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status?  Single  Single Parent  Married  Divorced  Widow

EMAIL: \_\_\_\_\_

### LEAVE BLANK—Total Household Amount & Source of Income—LEAVE BLANK

Total Household Income \$ \_\_\_\_\_

Source of Income:  Disability  Pension  Social Security  Unemployment  
 SNAP  SSI  TANF  Employment  Alimony

### RACIAL/ETHNIC PARTICIPATION DATA

- Are you Hispanic or Latino? [Check only one]  Yes  No
- What is your race? [Check all that apply]  American Indian or Alaska Native  Asian  
 Caucasian  Black or African American  Native Hawaiian or Other Pacific Islander
- Are you an active member of the Military or a Veteran?  Yes  No

Names of those living in household. Include self, immediate family, relatives, friends, and non-married partners:

Name	Relationship	Date of Birth	Age	Gender	Social Security #
	Self				

## 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 **NOT** been formally employed since \_\_\_\_\_ (Month/Date/Year)

However, I have received cash income in the past \_\_\_\_\_ (# of weeks) from the following work for which I have no documentation:

TYPE OF WORK	# OF WEEKS WORKED	EMPLOYER	AMOUNTS EARNED (Gross)
			\$
			\$

## CERTIFICATION STATEMENT

This certification form is being completed in connection with the receipt of CATHOLIC CHARITIES FOOD ASSISTANCE PROGRAM assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive FOOD ASSISTANCE PROGRAM benefits at more than one FOOD PROGRAM site during the same month. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance program for use in determining eligibility for participation in other public assistance programs and for program outreach purposes.

**PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX:     YES  NO**

I release the FOOD ASSISTANCE PROGRAMS of CATHOLIC CHARITIES, INC., its administrating agency, its officers, employees, and volunteers from any liability resulting from the FOOD ASSISTANCE PROGRAM distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the FOOD ASSISTANCE PROGRAM.

**PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX:     YES  NO**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 202-9410 or call [800] 795-3272[voice] or [202] 720-6382 [TTY]. USDA is an equal opportunity provider and employer

<p style="font-size: 2em; margin: 0;">X</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; font-weight: bold; margin: 0;">Club Member's Signature and Date</p>	<hr style="border: 0.5px solid black;"/> <p style="text-align: center; font-weight: bold; margin: 0;">Catholic Charities Staff &amp; Date</p>
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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