## Farmers Market Voucher Program Application 2023



PRINT CLEARLY AND FILL OUT COMPLETELY. ONE PERSON I	PER APPLICATION. NO MAILED IN APPLICATIONS ACCEPTED.
Last Name:	First Name:
Street Address:	Apt. #
City: Zip:	Phone: ( )
DOB:/Age: _	Sex: □ Male □ Female
Race:   African American   Asian   Hispanic	□ White/Caucasian □ Other
Circle number of people in household: 1	2 3 4 5 6 7 8
<b>If you live alone</b> , check the box verifying your monthly income:  □ Below \$2,430	If there are 2 people in your household, check the box verifying the family's combined monthly income:  □ Below \$3,287
If there are 3 people in your household, check the box verifying the family's combined monthly income:  □ Below \$4,143	If there are 4+ people in your household, check the box verifying the family's combined monthly income:  □ Below \$5,000
Nominating a proxy (Optional):	
If you are unable to pick up or shop with the vouchers in person, you may name a proxy who can use your vouchers in your place. ID of both participant and proxy are required only if proxy is applying for vouchers on participant's behalf and participant is not present.	
Proxy's Name (printed):	Relationship:
Proxy's Signature:	Phone:
Statement of Agreement:  By signing this agreement, I declare that I am 55 years of age or older, or a proxy, and will follow the guidelines for the farmers market voucher program. I understand I will be issued one set of vouchers for the 2023 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 requested information.  Signature of Participant: Date:/2023	
Date Issued:	Site Issued:
Issued By:	Voucher Numbers:

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