

Farmers Market Voucher Program Application 2024



PRINT CLEARLY AND FILL OUT COMPLETELY. ONE PERSON 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

If you live alone, check the box verifying your monthly income:
 Below \$2,510

If there are 2 people in your household, check the box verifying the family's combined monthly income:
 Below \$3,407

If there are 3 people in your household, check the box verifying the family's combined monthly income:
 Below \$4,304

If there are 4+ people in your household, check the box verifying the family's combined monthly income:
 Below \$5,200

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 2024 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: _____ / _____ /2024

Date Issued:	Site Issued:
Issued By:	Voucher Numbers:

Funded by Delaware County Senior Services Levy