

## ASHFORD FOOD PROGRAM

The Ashford Food Program provides a nutritional supplement to lower income families within the Town of Ashford. The Program is funded by a Community Development Block Grant from the United State Department of Housing and Urban Development and administered through the State Department of Housing.

In order to be eligible for the Program you must submit a completed application along with all applicable income documentation, and your household's gross annual income cannot exceed the following:

<u>Number in Family</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
Household Income	33900	38750	43600	48400	52300	56150	60050

Please complete the attached application and include the following income documentation for each person residing in the household, as applicable:

- Tax Forms:
  - 2017 Federal IRS 1040 Forms for all people in the household who were required to file.
  - 2017, 2016 and 2015 Federal IRS 1040 Forms for anyone who has self-employment or rental income.
  - If you were not required to file a 2017 Federal IRS 1040 Form, you must sign and have notarized the attached affidavit.
- Four most recent pay stubs from all persons employed in the household;
- Four most recent bank statements from all accounts;
- 2018 Social Security benefits page (*Note: Please do not submit your 2017 SS tax information. If you cannot locate your 2018 SS statement of benefits page you can contact Social Security at 1-800-772-1213*);
- Current Pension statement that shows your current monthly distribution;
- Unemployment benefits;
- Child support documentation;
- Alimony documentation
- Any other income documentation for the household.

Please mail your completed application and income documentation to Ashford Food Program, 5 Town Hall Road, Ashford, CT 06278 or drop it off at the First Selectman's Office in an envelope addressed to the Ashford Food Program.

If you have any questions please feel free to call Peter or Megan at 860-456-0782.

**ASHFORD FOOD PROGRAM  
APPLICATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Total Number of Persons in Household \_\_\_\_\_ Female Head of Household:    Y / N

# of Children (under 18) \_\_\_\_\_ # of Elderly (62 or older) \_\_\_\_\_ # of Disabled \_\_\_\_\_

Number of Persons of each Nationality/Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_

Indian/Alaskan \_\_\_\_\_ Hawaiian/Pacific Isl. \_\_\_\_\_ Portuguese \_\_\_\_\_ Other/Multi-Racial \_\_\_\_\_

LIST BELOW ALL OCCUPANTS OF PROPERTY ON A PERMANENT OR RENTAL BASIS INCLUDING NAME, SOCIAL SECURITY NUMBER, AGE, & INCOME. SPECIFY SOURCE OF INCOME, i.e., SALARY, PENSION, ALIMONY, CHILD SUPPORT, SOCIAL SECURITY BENEFITS, INTEREST, AND OTHER.

*NOTE: If more space is needed, continue on back of page.*

1. Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

2. Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

3. Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

4. Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

5. Name \_\_\_\_\_ Social Security# \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

**Total estimated income for 2018 \$ \_\_\_\_\_**

I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States Code, Section 1014. Also the applicants have read and understood the application.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

ASHFORD FOOD PROGRAM

5 TOWN HALL ROAD

ASHFORD, CT 06278

TO WHOM IT MAY CONCERN:

For the year 2017, I/we was/were not required to file Federal or State Income Tax Returns. This is in accordance with Federal and State laws at the time of the filing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

Notary Public:\_\_\_\_\_

My Commission expires:\_\_\_\_\_