

# JOINING HANDS IN FOOD MINISTRY

## UNITED WAY CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME

Name: \_\_\_\_\_  
(Last) (First) (MI)

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

City: LEESBURG State: FL Zip: 34748

Sex: Male  Female

Yes, I live west of US 27/441 within the City Limits

Race:  Native American  Caucasian

Are you:  Employed Name of Employer \_\_\_\_\_  
 Unemployed  
 Retired  
 Disabled

African American  Hispanic

Asian/Pacific Islander  Other

Marital Status:  Single  Married

Widowed  Divorced

Married but separated

Do you receive Food Stamps?  Yes  No

Bank Account:  Checking  Savings  Neither one

Do you receive:  Medicare  Medicaid  Neither one

Housing:  Own  Rent  Live with family  Live with someone else  Homeless

Annual Income level:  \$0 - \$10,000  \$20,000 - \$30,000  \$40,000 - \$50,000  \$75,000 - \$100,000

\$10,000 - \$20,000  \$30,000 - \$40,000  \$50,000 - \$75,000

Household Members ( name, age and relationship of ALL living in your household) INCLUDE YOURSELF! TOTAL # \_\_\_\_\_

Anyone under age 18? yes no Any Seniors age 60+? yes no Anyone age 18 - 59? yes no

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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

The table below shows a yearly maximum gross income for each family size that qualifies. If your household income is at or below the income listed on this form for the number of people in your household, you are eligible to receive food. The chart below is effective July 1, 2014 – June 30, 2015.

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people. I also certify that as of today, I reside in the City limits of Leesburg, Florida, West of US HIGHWAY 27/441. This certification is being submitted in connection with the receipt of Federal, State and/or Local assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the "Appropriate Agency" for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292
2	\$20,449	\$1,705	\$394
3	\$25,727	\$2,144	\$495
4	\$31,055	\$2,584	\$597
5	\$36,283	\$3,024	\$698
6	\$41,561	\$3,464	\$800
7	\$46,839	\$3,904	\$901
8	\$52,117	\$4,344	\$1003
For each additional person add	+\$5,278	+\$440	+\$102

**THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR AND MAY BE RENEWED AS NEEDED. Any changes in the household's circumstances must be reported to the distributing agency immediately.**

In accordance with Federal law and U.S. Department of agriculture policy, this institution is prohibited from discriminating on the basis 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, SW, Washington D.C., 20250-9410 or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

----- For Office Use Only -----

Proof of Address Provided

Revised: 7/1/2014