

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:

Number in Family	1	2	3	4	5	6	7
Household Income	29800	34050	38300	42550	46000	49400	52800

Please complete the attached application and include the following income documentation for your household, as applicable:

- Tax Forms:
 - 2015 Federal IRS 1040 Forms for all people in the household who were required to file.
 - 2015, 2014 and 2013 Federal IRS 1040 Forms for anyone who has self-employment or rental income.
 - If you were not required to file a 2015 Federal IRS 1040 Form, you must sign and have notarized the enclosed affidavit.
- Four most recent pay stubs from all persons employed in the household;
- Four most recent bank statements from all accounts;
- 2016 Social Security benefits page (*Note: Please do not submit your 2015 SS information. If you cannot locate your 2016 SS benefit 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.

Completed applications may be mailed to Ashford Food Program, 5 Town Hall Road, Ashford, CT 06278 or dropped 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 2016 \$ _____

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 2015, 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 _____, 2016.

Notary Public: _____

My Commission expires: _____