

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	35950	41050	46200	51300	55450	59550	63650

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

- Tax Forms:
 - 2019 Federal IRS 1040 Forms for all people in the household who were required to file. (Submit your 2020 if you have already filed.)
 - 2019, 2018 and 2017 Federal IRS 1040 Forms for anyone who has self-employment or rental income. (Submit your 2020 if you have already filed along with your 2019 and 2018 returns.)
 - If you were not required to file a 2019 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;
- 2021 Social Security benefits page (*Note: Please do not submit your 2019 SS tax information. If you cannot locate your 2020 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.

If you have any questions please feel free to call Megan at 860-456-0782 or email communityconsulting92@charter.net.

**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 2021 \$ _____

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 _____, 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 _____, 20_____.

Notary Public:_____

My Commission expires:_____