

SNAP Self-Declaration and Scan Cover Sheet

Last Name	First Name	MI	Address where you live: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless
			Street:
Date of Birth (mm/dd/yyyy) ___/___/_____			City/State/Zip:

Shelter Costs	
Do you pay rent? How much is your rental obligation?	Y / N \$ _____ /month
Your heat and utilities I pay heat separate from rent I pay for air conditioning in summer I have received Fuel Assistance	Y / N Y / N Y / N
Do you own a home? Mortgage costs (principle and interest) Real estate tax payment Home/Fire insurance premium Repair/Maintenance Costs (avg based on prior quarter or year)	Y / N \$ _____ /month \$ _____ /month \$ _____ /month \$ _____ /month
Total Monthly Shelter Expenses	\$
Do you own a condo? Your mortgage, condo fees, etc.	Y / N \$ _____ /month
Do you own a multifamily home you also live in? Number of Units	Y / N _____
Actual Income from rental units after ownership expenses	\$ _____ /month

These bills may be paid monthly, quarterly, semi-annually, or annually. Please calculate the monthly expenditure for each category.

Additional Income Questions:	
If your expenses exceed your income how are you getting by?	<input type="checkbox"/> My relatives help me <input type="checkbox"/> Using assets or credit <input type="checkbox"/> Behind in expenses <input type="checkbox"/> Other _____
Self employed? Type of self-employment? Do you expect to get this income regularly? Income	Y / N _____ Y / N _____ /week / month
Employed in the last 90 days? Employer: Employer's Phone Number: Last date of work: Date of your last paycheck: Amount of last paycheck	Y / N _____ (business name) _____ Date: _____ Date: _____ \$ _____ (check if weekly ___ or semi-weekly ___)

Dependent Care

List children or disabled adults needing care		
	Name	Age
Child 1		
Child 2		
Child 3		
Child 4		
Adult		

My transportation costs (to drop off and pick up the children or disabled adults from care):

By car (*DTA uses federal mileage rate*)

I drive _____ miles round trip for _____ days per week

By public transportation (*Please mark one*)

I pay \$ _____/ week OR \$ _____/month

My child care/adult day care costs:

(This includes direct care, co-pays, camps, other payments for care) (*Please mark one*)

I pay: \$ _____/day OR \$ _____/week

Medical expenses: If you over age 59 or disabled, you can also claim any out-of-pocket health care related expenses including co-pays, health care supplies, personal care attendants, and transportation to doctors and pharmacies. We do need proof for most medical expenses. You can self-declare health-related transportation costs. Talk with your SNAP case manager if you have questions.

Communication

I understand I need to have an interview to complete the application and that I will be sent a notice scheduling a phone interview if the SNAP worker can't reach me initially.

The best phone number to reach me is the following: ____ - ____ - ____.

I give DTA permission to leave a detailed voice message on this number about my SNAP application. **Y / N**

Employment Verification (choose one)

Yes—I give DTA permission to contact the listed employer to verify missing wage and/or termination information.

No—I will contact the listed employer for documentation of missing wage and/or termination information.

Your Signature

I swear that the above information is true to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Translation

I certify I have translated this document from English to _____, the language spoken by the SNAP head of household.

Name: _____ Signature: _____ Date: _____