INDIANA APPLICATION FOR SNAP



AND CASH ASSISTANCE State Form 53263 (R8 / 6-13) / DFR 2512 INSTRUCTIONS: Please fill out your application as completely as you can. It will help if you can answer all of the questions. However, the application will be valid if you provide name(s), address, and signature. To be considered for expedited SNAP (Food Assistance) service you must complete all of Section 8. Please do not forget to sign your application on Page 1 Section 3. 1. If you are completing this application on behalf of someone else and you do not live in their household, please provide your name below and your contact information in Section 7. If you are completing this application on behalf of someone else and you do live in their household, please provide your information in Section 9: Last Name Suffix First Name MI 2. Information for person needing assistance: (additional individuals may be added in Section 9) **Check the Help This Person Needs: SNAP (Food Assistance) Cash Assistance (TANF or Refugee)** Not Applying If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional. Suffix First Name MI Last Name Social Security Number Date of Birth (mm-dd-yyyy) US Citizen? Gender: F Yes No Μ Marital Status: Widowed Single Married Divorced Separated Ethnicity: Hispanic or Latino? Yes No Race: (*select all that apply*) White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander **Home Address:** Number and Street Apartment/Lot Number Zip Code City State County: Telephone Number: **OFFICIAL USE ONLY** How many people live at this address including you? 3. Signature and Date Required: Read carefully, then sign & date below. I understand the following: • INFORMATION THAT I GIVE IS SUBJECT TO VERIFICATION BY FEDERAL, STATE, OR LOCAL OFFICIALS TO DETERMINE IF THE INFORMATION IS FACTUAL. IF ANY INFORMATION IS INCORRECT, SNAP OR OTHER BENEFITS MAY BE DENIED AND THE APPLICANT MAY BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING INCORRECT INFORMATION (7 CFR 273.2(b)(1)(i)). A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting from a felony conviction is not eligible to receive SNAP and / or Temporary Assistance for Needy Families (TANF). A person convicted under federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive SNAP and / or TANF. If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Resources all child support rights (accrued, pending, and continuing)

which I have against absent parent(s). This assignment is subject to 42 USC SECTION 602(a)(26) as amended.

If applying for SNAP, I am registering all persons required to register for work and perform specific work including cooperation with employment and training activities.

I have received a copy of the "Notice Regarding Rights and Responsibilities" and I understand all information included on this form.

To be considered for Expedited SNAP service, your household must have less than \$150 in monthly gross income and have \$100 or less in cash; or be a seasonal/migrant farm worker with \$100 or less in available cash: or have a combined cash and monthly gross income amount less than the household monthly rent/mortgage and utility expenses.

I certify under penalty of perjury, all information I have given on this application, any attachments and information provided during the eligibility determination process is complete and correct to the best of my knowledge and belief, including the citizenship or immigration status of each applicant. Signature

Date (mm-dd-yyyy)

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AND CASH ASSISTANCE

State Form 53263 (R8 / 6-13) / DFR 2512



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4. Mailing Address (if different than home address):	
City State Zip Code	
5. Alternate Telephone: Work Telephone:	
6. E-mail address:	
7. If you are completing this application on behalf of someone else, please provide your contact i	information below:
Street Address	
City State Zip Code	
Telephone number:	
Do you live with the person(s) needing assistance? Yes No	F
If no, what is your relationship to the person(s) needing assistance?	
NOTE: If you are a representative for the person(s) needing assistance, the applicant must con enclosed Authorized Representative form.	mplete and sign the
8. Expedited Service for SNAP (Food Assistance): If you are not applying for SNAP, skip to section 9. If you are applying for SNAP and want to be considered for Expedial questions in this section. Write all amounts even if 0.	lited SNAP service, please answer
Enter how much total gross earned income (before taxes/deductions) your household will receive this month:	\$
Enter how much total unearned income or other money your household will receive this month: (Unearned income includes: Social Security, child support, unemployment, etc.)	\$
Enter your total household money in cash, checking accounts, savings accounts, other:	\$
Enter the amount you are charged each month for your rent or mortgage:	\$
Do you pay to heat or cool your home? Yes	No
If no, do you pay for any other utilities (<i>electric, water, sewer, etc</i>)?	No
Is anyone in your household a migrant worker or seasonal farm worker?	No
If yes, will you receive income from your former employer after today?	No
Will you receive more than \$25 income from your new employer within 10 days? Yes	No
Has everyone in your household (<i>including you</i>) been approved to receive SNAP benefits this month? Yes	No

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9. Provide the following information for all other persons who live at the home address in Section 2:

- Person listed in Section 2 does not need to be listed again.
- If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional.

Check the Help This Person Needs: SNAP (Food Assistance) Cash	h Assistance (TANF or Ref	ugee) Not Applying
First Name MI Last Name		Suffix
Date of Birth (<i>mm-dd-yyyy</i>) Social Security Number	Gender:	US Citizen?
Marital Status: Single Married Divorced Separated	Widowed	
Ethnicity: Hispanic or Latino? Yes No		
Race: (<i>select all that apply</i>) White Black or African American	Asian	
American Indian or Alaskan Native Native Haw	vaiian or Pacific Islander	
Relationship to person needing assistance listed in Section 2:		
Check the Help This Person Needs: SNAP (Food Assistance)	h Assistance (TANF or Ref	ugee) Not Applying
Check the Help This Person Needs: SNAP (Food Assistance) Cash First Name MI Last Name	h Assistance (TANF or Ref	ugee) Not Applying Suffix
First Name MI Last Name		
First Name MI Last Name	h Assistance (TANF or Ref	Suffix
First Name MI Last Name	Gender:	Suffix US Citizen?
First Name MI Last Name Date of Birth (<i>mm-dd-yyyy</i>) Social Security Number	Gender: M F	Suffix US Citizen?
First Name MI Last Name Date of Birth (mm-dd-yyyy) Social Security Number Marital Status: Single Married Divorced Separated	Gender: M F	Suffix US Citizen?
First Name MI Last Name Date of Birth (<i>mm-dd-yyyy</i>) Social Security Number Marital Status: Single Marital Status: Single Married Divorced Ethnicity: Hispanic or Latino? Yes No Race: (select all that apply) White Black or African American	Gender: M F Widowed	Suffix US Citizen?

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INDIANA APPLICA AND CASH ASSIST State Form 53263 (R8 / 6-13) / DF		*DFRAA	HE04*
Check the Help This Person Needs:	SNAP (Food Assistance)	Cash Assistance (TANF or	Refugee) Not Applying
First Name	MI Last Name		Suffix
Date of Birth (<i>mm-dd-yyyy</i>)	Social Security Number	Gender:	US Citizen?
		M F	Yes No
Marital Status: Single N	farried Divorced Separate	d Widowed	_
Ethnicity: Hispanic or Latino?	Yes No		
Race: (select all that apply) White	Black or African American	Asian	
Americ	can Indian or Alaskan Native 🗌 Nativ	e Hawaiian or Pacific Islander	
Relationship to person needing assistance	listed in Section 2:		
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Date of Birth (<i>mm-dd-yyyy</i>)			
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Marital Status: Single Marital Status: Ethnicity: Hispanic or Latino? Race: (select all that apply) White	Iarried Divorced Separate Iarried No Yes No Black or African American	M F d Widowed	
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First Name	MI Last Na	me	Suffix
Date of Birth (mm-dd-yyyy) Marital Status: Single	Social Security Number	Gender:	US Citizen?
Ethnicity: Hispanic or Latino? Race: (<i>select all that apply</i>) Whit	Yes No	erican Asian	
	rican Indian or Alaskan Native	Native Hawaiian or Pacific Islande	
10. What is your preference for y Please indicate if you need the follow □ Language interpreter Language □ Sign Language interpreter	our application interview app	Dointment? By telephone	
11. Do you want to receive autom <i>(Examples of calls you may rece</i>			No ocuments.)
12. Do you want to register to vo	te? Yes No Y	Your answer will not affect yo	ur eligibility for benefits.