

**North Carolina Division of Social Services  
Application For Disaster Supplemental Nutrition Assistance Program (SNAP)**

**Application Date:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Disaster Auth. Period: 08/16/2021 and 09/15/2021**

**INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. Before completing this application, please review the Penalty Warning Section (Part G) of this application.** If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food assistance. All applicants for disaster benefits must show identification. You may be required to show proof that your **household** lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use your food assistance. **Do Not Write In The Shaded Areas.**

Head of Household Name: _____	<b>Identification Verified/Source</b>	Authorized Representative(s) Name: _____
Telephone Number: _____		Temporary Telephone Number: _____
Residence Home Address: _____		Temporary Address _____
City _____ State ____ Zip Code _____		City _____ State ____ Zip Code _____

**PART A - HOUSEHOLD SITUATION**

	YES	NO
1. Are you currently receiving Food and Nutrition Services benefits (food stamps)? If Yes, enter: <b>STATE:</b> _____ <b>COUNTY:</b> _____ and Was your EBT card lost in the disaster? _____ <b>YES</b> _____ <b>NO</b>		
2. Was your household living in the disaster area at the time of the disaster? If yes, What was your county of Residence during the time of the disaster? : _____		
3. While the effects of the disaster are being cleaned up, will your household be buying food?		
4. Answer all the following:		
a. Did the disaster damage or destroy your home or self-employment property?		
b. Did the disaster delay, reduce or stop your household's income?		
c. Does your household have any additional expenses as a result of the disaster, excluding food loss?		
d. Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster?		
5. Are you or anyone in your household employed by the County Department of Social Services/Human Services and working in the administration of the Disaster Food and Nutrition Services program? If yes, who?		
6. Are you or anyone in your household employed by the NC Department of Health and Human Services and working in the administration of the disaster Food and Nutrition Services program? If yes, who?		

**PART B-HOUSEHOLD MEMBERS**

List the members of your household, including yourself, who were affected by the disaster who were living and eating with you before the disaster. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER DO NOT LIST MEMBERS OF THAT HOUSEHOLD.** List each household member's social security number (SSN), if available, and date of birth. The SSN is not required in order to qualify for disaster benefits.

**PART C-INCOME**

List the source and amount of **take home pay between 08/16/2021 and 09/15/2021.** Types of income include but are not limited to wages, self-employment, child support, SSI, Social Security benefits, Unemployment Insurance Benefits (UIB), Work First, etc. List any other income your household members have received or expect to receive while the Disaster Food Assistance Program is operating.

<b>PART B - HOUSEHOLD MEMBERS (Attach Separate Sheet if Needed)</b>					<b>PART C - INCOME</b>	
NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RACE	SEX	TYPE OF INCOME/EMPLOYER	Total Income you will receive between 08/16/2021 and 09/15/2021
<b>Total income</b>						<b>\$</b>

<b>PART D - ACCESSIBLE CASH RESOURCES</b>	<b>PART F - ELIGIBILITY COMPUTATION</b>																				
<p>List all cash your household will be able to get to between <b>08/16/2021 to 09/15/2021</b>.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"></td> <td style="width:55%; text-align: right;"><b>AMOUNT</b></td> </tr> <tr> <td>Cash on hand</td> <td></td> </tr> <tr> <td>Bank Accounts</td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Total resources</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> </table>		<b>AMOUNT</b>	Cash on hand		Bank Accounts		<b>Total resources</b>	<b>\$</b>	<p>1. Total anticipated income (C)     \$ _____</p> <p>2. Total accessible cash resources (D)     + \$ _____</p> <p>3. Add #1 and #2     = \$ _____</p> <p>4. Total disaster expenses (E)     - \$ _____</p> <p>5. Total available funds (Subtract #4 from #3)     = \$ _____</p> <p>6. Maximum Gross Income Limit (Amount from Disaster Table)     \$ _____</p> <p><input type="checkbox"/> ELIGIBLE (#5 is equal to or less than #6)</p> <p><input type="checkbox"/> INELIGIBLE (#5 is greater than #6)</p> <p><b>Denial Reason:</b>    <input type="checkbox"/> No Disaster-Related Loss</p> <p><input type="checkbox"/> Excess Income    <input type="checkbox"/> Residence Out of County</p> <p><input type="checkbox"/> Application Opened in Error</p> <p><input type="checkbox"/> Other _____</p>												
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<p><b>PART E - EXPENSES</b></p> <p>List the disaster-caused expenses that your household paid or expects to pay between <b>08/16/2021 and 09/15/2021</b>. <b>Do not include</b> expenses that <b>were or will be paid by someone outside your household</b>, such as cost covered by insurance or landlords.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"></td> <td style="width:55%; text-align: right;"><b>AMOUNT</b></td> </tr> <tr> <td>Cost to protect property during disaster</td> <td></td> </tr> <tr> <td>Cost to repair or replace items for home or self-employment property</td> <td></td> </tr> <tr> <td>Dependent care due to disaster</td> <td></td> </tr> <tr> <td>Temporary shelter expenses</td> <td></td> </tr> <tr> <td>Funeral/medical expenses due to disaster</td> <td></td> </tr> <tr> <td>Moving and storage costs due to disaster</td> <td></td> </tr> <tr> <td>Other disaster-related expenses</td> <td></td> </tr> <tr> <td>Food destroyed in disaster (no replacement required)</td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Total expenses</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> </table>		<b>AMOUNT</b>	Cost to protect property during disaster		Cost to repair or replace items for home or self-employment property		Dependent care due to disaster		Temporary shelter expenses		Funeral/medical expenses due to disaster		Moving and storage costs due to disaster		Other disaster-related expenses		Food destroyed in disaster (no replacement required)		<b>Total expenses</b>	<b>\$</b>	
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<b>PART G - PENALTY WARNING</b>																					
<p>If your household gets Disaster Supplemental Nutrition Services Program (DSNAP), it must follow the FNS rules listed below. We may choose your household for a Federal or State review sometime after you receive your food assistance to make sure you were eligible for disaster aid.</p> <p><b>DO NOT</b> give false information or hide information to get or to continue to get Food and Nutrition Services.</p> <p><b>DO NOT</b> give or sell your benefits or authorization documents to anyone not authorized to use them.</p> <p><b>DO NOT</b> alter any document to get Food and Nutrition Services you are not entitled to.</p> <p><b>DO NOT</b> use Food and Nutrition Services to buy unauthorized items such as alcohol or tobacco.</p> <p><b>DO NOT</b> use another household's Food and Nutrition Services or authorization document for your household.</p> <p>If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services permanently, and may be fined up to \$250,000 and/or jailed up to 20 years.</p>																					
<p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; Fax: (202) 690-7442; or Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p>This institution is an equal opportunity provider.</p>																					
<b>PART H - CERTIFICATION AND SIGNATURE</b>																					
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate Food and Nutrition Services as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing. My signature gives the Department of Social Services permission to verify the information I have provided.</p>																					
<b>APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X):</b>																					
Signature (Applicant or Authorized Representative): _____	Date: _____																				
Witness Signature (If signed with X): _____	Date: _____																				
Interviewer _____	Date: _____																				
Keyer _____	Date: _____																				