

# GNAP Individual Household Application

Applicant Name: \_\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State

ZIP \_\_\_\_\_

\* Total Household Income \$ \_\_\_\_\_ / Week      \$ \_\_\_\_\_ / Month      \$ \_\_\_\_\_ / Year

\* Please use the Income Eligibility Guidelines on the back of this sheet to determine eligibility of client's income

## Names and Ages of ALL Members of Household

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

**READ THIS STATEMENT BEFORE SIGNING: I certify that the above information is correct and true to the best of my knowledge. I understand that misrepresentation of need or receipt and/or sale and/or exchange of food is prohibited and could result in fines, imprisonment, or both.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

### GNAP ELIGIBILITY GUIDELINES

***Agency check all that apply\*\****

Income Eligibility Guidelines Met	( )
Current TANF EBT Card	( )
Current TANF Eligibility Letter	( )
Current Food Stamp EBT Card	( )
DFCS/DOL/TANF Support Services	( )
Public Housing Resident	( )
Free/Reduced Price school meals	( )
Hourly Wage of \$8/hr or less	( )
Enrolled in Medicaid	( )
Receipt of state unemployment benefits	( )
Section 8 voucher program participant	( )

**\*\*Client must have children AND meet at least one of the above requirements**

## Individual Household Eligibility Criteria

The state eligibility criterion for the receipt of GNAP foods by households is completion of a signed self-declaration income statement (application) showing that:

1. The household resides in the State of Georgia at the time of applying for assistance
2. There are minor children in the household
3. The TOTAL amount of household income is below the level shown for the appropriate household size in the following income eligibility scale OR
4. One of the other eligibility criteria is met.

<b><u>GNAP Household Income Eligibility*</u></b>		
<b>Household Size</b>	<b>Monthly Income</b>	<b>Weekly Income</b>
1	\$1,287	\$297
2	\$1,736	\$401
3	\$2,184	\$504
4	\$2,633	\$608
5	\$3,081	\$711
6	\$3,530	\$815
7	\$3,980	\$919
8	\$4,430	\$1023
Each Additional Member	Add \$451	Add \$104

There is no length of residency requirement for the household or any requirement for the household to provide proof of its income level in conjunction with this method of eligibility determination. The eligibility criteria used by the Recipient Agency will be in accordance with the requirements described above.

*\*Income guidelines are taken from the current year USDA form 832 for The Emergency Food Assistance Program*

*For FY 2016 - 2017*