

SNAP Supplement to Online Application

Last Name	First Name	MI	Address where you live: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless

Shelter Costs

Do you pay rent?	Y / N
How much is your rental obligation?	\$ _____ /month
Your heat and utilities	
I pay heat separate from rent	Y / N
I pay for air conditioning in summer	Y / N
I have received fuel assistance	Y / N
Do you own a home?	Y / N
List your mortgage costs (principle, interest and mortgage)	\$ _____ /month
Your real estate tax and home insurance costs	\$ _____ /month
Water/sewer, trash collection	\$ _____ /month
Do you own a condo?	Y / N
Your mortgage, taxes, insurance, condo fees, etc.	\$ _____ /month
Do you own a multifamily home or rent rooms in your home?	Y / N
Number of living units	_____
Gross rental income from tenants	\$ _____ /month
Net rental income after deduction of pro-rata expenses	\$ _____ /month; or check here if not calculated <input type="checkbox"/>

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?	Y / N
Type of self-employment?	_____
Do you expect to get this income regularly?	Y / N
Income	_____ /week / month
Employed in the last 90 days?	Y / N
Employer:	_____ (business name)
Employer's Phone Number:	_____
Last date of work:	Date: _____
Date of your last paycheck:	Date: _____
Amount of last paycheck	\$ _____ (check if weekly __ or semi-weekly __)

→ Please see page 2—Signature and date required.

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 you are disabled, you can also claim any out-of-pocket health care related expenses including co-pays, health care supplies, personal care attendants, transportation to doctors and pharmacies. We do need proof for most medical expenses. Talk with your SNAP worker if you have questions..

Phone Communications

The best phone number to reach me is the following: ____- ____- _____. I give DTA permission to leave a voice message on this number about the status of my SNAP application if I am not there. I give DTA permission to contact my former employer. I understand I do 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. **Y / N**

Your Signature

I swear under penalty of perjury 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: _____