(DO NOT WRITE IN SHADED AREAS)

U.S. VIRGIN ISLANDS DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

We will consider all applicants without regard to color, race, sex, handicap, religion, national origin or political belief.

DISASTER APPLICATION PERIOD
BEGIN / / END / /

APPLICATION DATE / /

APPLICATION NUMBER ☐☐☐ ___ ___ ___ ___ ___

Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any requested information, you will not be eligible to receive SNAP (food stamp) benefits. When you are interviewed you must show photo identification. You must 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 disaster assistance and to get or use your SNAP Benefits.

APPLICANT/HEAD OF HOUSEHOLD (one letter per box; please print)

Last Name	First Name	Applicant's Soc. Sec. No.
		- -

Applicant's Permanent Home Street Address	Birth Date (mm/dd/yyyy)

Applicant's Permanent Home Address - City	Zip Code	Authorized Representative (Last and First Name)
		-

Applicant's Phone Number (area code first)	Cell or Other Contact Phone Number (area code first)
( ) -	( ) -

PART A - HOUSEHOLD SITUATION

1. **Does your household CURRENTLY receive SNAP (Food Stamp) Benefits?** ☐ YES ☐ NO
2. **Was your household living in the disaster area at the time of the Disaster?** ☐ YES ☐ NO
3. **Did the disaster damage or destroy your home or self-employment property, delay or reduce or stop your income, cause you to lose food, or create any additional expenses for your household?** ☐ YES ☐ NO
4. **Does your household plan to buy food during the disaster benefit period?** ☐ YES ☐ NO

PART B - HOUSEHOLD COMPOSITION

PART C - INCOME

List the members of your household, beginning with yourself, who were living and eating with you at the time of the disaster. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD. As head of household, you must indicate your Social Security Number (SSN). Your SSN is required by law and will be used for computer matching, program reviews and audits. List each household member's: name, Social Security Number, if known, date of birth, and source and amount of monthly gross income. List any other income your household members have received or expect to receive while the Disaster SNAP Program is operating.

NAME LAST FIRST	SOCIAL SECURITY NO	DATE OF BIRTH	SOURCE	MONTHLY GROSS INCOME AMOUNT
H/H		/ /		$
2.		/ /		$
3.		/ /		$
4.		/ /		$
5.		/ /		$
6.		/ /		$
7.		/ /		$
8.		/ /		$
9.		/ /		$
10.		/ /		$
			TOTAL- INCOME	$

Please List any additional Household members on Sheet 2

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PARTS D, E AND F

In Part D, list all **cash** your household will be able to get to during this disaster. IN PART E, DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.

PART D –ACCESSIBLE RESOURCES	**AMOUNT**
Cash on Hand	**$**
Checking Accounts	**$**
Savings Accounts	**$**
TOTAL- ACCESSIBLE RESOURCES	**$**
PART E – DISASTER EXPENSES	**AMOUNT**
Food destroyed in disaster	**$**
Dependent care due to disaster	**$**
Funeral/medical expenses due to disaster	**$**
Moving and storage costs due to disaster	**$**
Temporary shelter expenses	**$**
Cost to protect property during disaster	**$**
Cost to repair or replace items for home or self-employment property	**$**
Other disaster-related expenses	**$**
TOTAL- DISASTER EXPENSES	**$**

PART F - COMPUTATION

1. Total Income from Part C **$**_____

2. Total Accessible Resources from Part D **$**_____

3. Add # 1 and # 2 **$**_____

4. Total Disaster Expenses from Part E **$**_____

5. Total Available Funds **$**_____
(Subtract #4 from #3)

6. Maximum Gross Income Limit **$**_____
(Amount from Disaster Table)

☐ **ELIGIBLE #5 is equal to or less than #6**

☐ **INELIGIBLE = #5 is Greater than #6**

☐ **Denial Notice** ☐ **Application Receipt**

ISSUANCE SITE _____

Eligibility Worker Name: _____

PART G – PENALTY WARNING

If your household becomes eligible for Disaster SNAP benefits, you must follow the rules listed below:

DO NOT give false information, or hide information, to get or to continue to get SNAP benefits

DO NOT give or sell SNAP benefits to anyone not authorized to use them.

DO NOT use SNAP benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's SNAP benefits for your household.

PLEASE NOTE: We may select your household for a Federal or Territorial audit or review to make sure you were eligible for SNAP benefits.

PART H – CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance 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.

APPLICANT	AUTHORIZED REPRESENTATIVE	WITNESS (if signed with an X)	DATE SIGNED

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APPLICATION FOR DISASTER SNAP BENEFITS - SHEET 2

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APPLICANT/HEAD OF HOUSEHOLD (one letter per box; please print)

Last Name	First Name	Applicant's Soc. Sec. No.
		- -

PART B - HOUSEHOLD COMPOSITION

PART C - INCOME

List any additional members of your household who were at the time of the disaster living and eating with you. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD. Please remember to indicate each household member's: name, Social Security Number, if known, date of birth, and source and amount of monthly gross income. List any other income your household members have received or expect to receive while the Disaster SNAP Program is operating.

NAME LAST FIRST	SOCIAL SECURITY NO	DATE OF BIRTH	SOURCE	MONTHLY GROSS INCOME AMOUNT
11.		/ /		**$**
12.		/ /		**$**
13.		/ /		**$**
14.		/ /		**$**
15.		/ /		**$**
16.		/ /		**$**
17.		/ /		**$**
18.		/ /		**$**
19.		/ /		**$**
20.		/ /		**$**
21.		/ /		**$**
22.		/ /		**$**
23.		/ /		**$**
24.		/ /		**$**
25.		/ /		**$**
26.		/ /		**$**
27.		/ /		**$**
28.		/ /		**$**
			SUB TOTAL	**$**
Please add total from page 1 and page 2 and place here →			**TOTAL**	**$**