



Seminole Nation Food Distribution & Nutrition Services
 P.O. Box 111
 Seminole, OK 74818-0111
 405-382-3900 or toll-free 866-571-3900
 Fax # 405-382-3305

New _____ Recert _____
 Application Date: _____

Instructions: Complete the following information. If you **refuse to cooperate/provide verification**, your application will be denied. You must provide proof/verification of all income and allowable deductions.
IMPORTANT: When returning your application, please bring proof of all household income – for example, pay stubs, award letters for government benefits such as SSI or Social Security, etc. and proof of residence (Utility bill with name and address dated within the last 30 days). In addition, at least one member of the household must provide a Certificate of Degree of Indian Blood (CDIB) card or a tribal enrollment card.

Name (Head of Household): _____
Address: _____
City/State/Zip: _____
County: _____
Phone: _____

HOUSEHOLD MEMBERS: List all the members of your household. List your name first. (Attach additional names on a separate sheet, if needed). Please Print.

NAME(S) of all Household Members <i>(Last, First, Middle Initial)</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(spouse, daughter, son, cousin, etc.)</i>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.			
2.			
3.			
4.			
5.			
6.			

Are you or anyone in your household currently receiving food stamps? Yes No
 If yes, list names: _____
Have you or anyone in your household recently applied for Food Stamps? Yes No
 If yes, list names: _____
Have you or anyone in your household been disqualified for an intentional program violation under the Food Stamp Program? Yes No If yes, list name(s): _____

INCOME: List all income from all sources for each household member (wages, public assistance, social security, foster care payments, unemployment or worker's compensation, child support, SSI, Oil royalties, Veterans benefits, pensions or retirement, per capita payments from gambling enterprises, etc.). List Gross Amount (amount before deductions).

NAME(S)	TYPE OF INCOME <i>(Wages, Unemployment, Pensions Social Security, TANF, etc)</i>	SOURCE OF INCOME <i>(Name of Employer, Social Security Admin., VA, etc)</i>	GROSS AMOUNT & HOW OFTEN PAID <i>(Monthly, Bi-wkly, Weekly)</i>

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? Yes No
 Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. If self-employed, please complete the following and provide a copy of last year's Federal Income Tax form (1040 & Schedules F, C, E, if applicable) or other proof of self-employment costs and income.

NAME(S)	TYPE OF BUSINESS	AMOUNT REC'D/HOW OFTEN PAID	COST OF PRODUCING SELF-EMPLOYMENT