

In Part D, list all cash your household will be able to get to during this disaster. In Part E, list the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD, SUCH AS COST COVERED BY INSURANCE OR LANDLORDS.**

PART D – ACCESSIBLE CASH RESOURCES		AMOUNT	PART F - ELIGIBILITY COMPUTATION	
Cash on hand			1. Total anticipated income (C)	\$ _____
Checking accounts			2. Total accessible cash resources (D)	+ \$ _____
Savings accounts			3. Add #1 and #2	= \$ _____
Total resources		\$ _____	4. Total disaster expenses (E)	- \$ _____
PART E – EXPENSES		AMOUNT	5. Total available funds (Subtract #4 from #3)	= \$ _____
Food destroyed in disaster			6. Maximum Gross Income Limit (Amount from Disaster Table)	\$ _____
Dependent care due to disaster			7. ELIGIBLE (#5 is equal to or less than #6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funeral/medical expenses due to disaster			8. INELIGIBLE (#5 is greater than #6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 expenses		\$ _____		

PART G - PENALTY WARNING

If your household gets Food and Nutrition Services (FNS), it must follow the 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.

- DO NOT give false information or hide information to get or to continue to get Food and Nutrition Services.**
- DO NOT give or sell your benefits or authorization documents to anyone not authorized to use them.**
- DO NOT alter any document to get Food and Nutrition Services you are not entitled to.**
- DO NOT use Food and Nutrition Services to buy unauthorized items such as alcohol or tobacco.**
- DO NOT use another household's Food and Nutrition Services or authorization document for your household.**

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 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.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X):

Signature: _____ **Date:** _____

Interviewer: _____ **Processor:** _____ **Keyer:** _____

Date: _____ **Date:** _____ **Date:** _____

Certification Period: _____

Denial Reason: (Check the Appropriate Box) Excess Income No Disaster-Related Loss
 Residence Out of County Application Opened in Error
 Other: _____