

Care Train Holiday Groceries 2021 Senior Application



Office use only

Approved by: _____

Date: _____

If you live in a household of 3 or more, contact Union County Department of Job & Family Services for an application 937.644.1010

Seniors 60 and over with a monthly income of less than \$2,147 single and \$2,903 for a two-person household may qualify for a food voucher to be used at a local grocery store for the holidays from Care Train of Union County.

Applications must be turned in by **Monday, November 1, 2021**. Food vouchers will be distributed the week of Christmas.

One Application Per Household.
Applicant #1

REQUIRED
TOTAL Household Size: _____

Last Name:	First Name:
Date of Birth:	Telephone Number:

Applicant #2

Last Name:	First Name:
Date of Birth:	Telephone Number:

PLEASE PRINT CLEARLY AND PROVIDE COMPLETE CORRECT ADDRESS. This is the address that the food voucher will be mailed to.

Vouchers will not be replaced if lost or if we are provided an incorrect address.

Mailing Address: (Include PO Box or Apt. Number if Applicable)
City, State, Zip:

***APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME** (see back). Please attach current documentation of proof of gross income for all in household from all sources (Social Security statement, pension statement, bank statement, etc. accepted).

OVER

Household Monthly Income verify by checking all items that apply for all members of household

Person #1 - Date of Birth _____

Person #2 - Date of Birth _____

Social Security \$ _____

Social Security \$ _____

Pension \$ _____

Pension \$ _____

Interest Income \$ _____

Interest Income \$ _____

Other Income \$ _____
(RR, VA, Dividends, Alimony, etc.)

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Rental / Farm Income \$ _____

Rental / Farm Income \$ _____

Employment Income \$ _____

Employment Income \$ _____

Total Monthly Income * \$ _____
(before deductions) **REQUIRED**

Total Monthly Income * \$ _____
(before deductions) **REQUIRED**

***Application not Valid without Proof of Income Documentation Signature**

I hereby declare I am Union County resident 60 years of age or older, have a **gross household income** (before Medicare, taxes, insurance, etc. is taken out) of **\$2,147 / month single household or \$2,903 / month or less for a household of two *proof of income required***. I understand that a replacement voucher will **not be issued in the event of loss**. I also certify that the information I have provided on this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be disqualified from the program for knowingly making false or fraudulent statements.

I (we) agree the above to be true.

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Return completed applications with proof of income to:

Union County Senior Services
940 London Avenue, Suite 1800
Marysville, OH 43040

937.644.1010 or 800.248.2347
Fax: 937.644.8700

