



[www.harfordcaa.org/snap](http://www.harfordcaa.org/snap)

**Dear Applicant:** When applying for SNAP benefits, you must provide HCAA with the proofs for you and **all persons for whom you are applying.**

Proof of Income		Proof of Identity		Most Recent Proof of Expenses	
Pay stubs – last _____		Social Security Number		Heat, Lights, Telephone, Water, Sewage Trash Removal, Other Utilities	
Statement on Employer's Letterhead		Birth or Baptismal Certificates		* Rent Mortgage Receipts	
Tax Return 20_____		Drivers Licenses		* Amount of Shared Expenses	
Unemployment Benefits		Alien Registration Cards or Alien Numbers for: _____		*Child or Adult Dependent Care	
Union/Strike Benefits		Marriage License/Divorce Decree		Property Taxes/Homeowners Insurance	
Child Support or Alimony you Receive		Affidavit from Another person		Medical Bills	
Social Security Benefits		Citizenship		Child Support or Alimony you Pay to Someone Outside your Home	
SSI/SSDI Benefits		Incarcerated		Other:	
Veteran's Benefits or Other Pensions		Deceased		<b>Other Proofs</b>	
Education Loans/Grants/Scholarships		<b>Proof of Living Arrangement</b>		School Attendance and Financial Aid Form 604 or 690	
Military Allotments		Living Arrangement Form Form 1130		Address of Absent Parent(s)	
*Proof of Expenses Paid by Others		Other :		Pregnancy/Prenatal Care	
*Contributions from Others		<b>Proof of Assets</b>		Disability Incapacitation	
*From Roomers or Boarders		Checking and Savings Accounts		Application for Other Benefits	
Rental/Mortgage Income		Certificates of Deposit (CD's, IRA's and Keogh Accounts)		Report Cards	
Self Employment Records		Stocks, Bonds, Mutual Funds		Health Care Forms	
Workman's Compensation		Dividends and Interest		Type of Housing	
Wage Form		Life and Health Insurance		Other :	
Lottery/Gambling		Other :		Other :	

**\*Important:** These proofs must include the name, address and telephone numbers of the person making the statement. If you need assistance getting these proofs, please let us know.



## Harford Community Action Agency, Inc.

1321-B Woodbridge Station Way, Edgewood, MD 21040

Phone: 410-612-9899 • Fax: 410-612-1157

[www.harfordcaa.org](http://www.harfordcaa.org)

### HCAA SNAP APPLICATION

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Head of Household - Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

DATE MOVED IN: \_\_\_\_\_

SOCIAL SECURITY NUMBER: # \_\_\_\_\_

Check one that applies:    ☐ Renter    ☐ Homeowner    ☐ Homeless    ☐ Other \_\_\_\_\_

Check one that applies:    ☐ Apartment    ☐ Townhouse    ☐ Single Family Home    ☐ Mobile Home    ☐ Shelter

Do you currently have a checking or savings account?    \_\_\_\_ YES    \_\_\_\_ NO

If YES, balance of the account \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Have you ever been convicted of a felony volume drug/kingpin charge?    \_\_\_\_ YES    \_\_\_\_ NO

Have you ever been accused and/or convicted of abusing SNAP/food stamps in the past?    \_\_\_\_ YES    \_\_\_\_ NO

Are you fleeing parole or probation?    \_\_\_\_ YES    \_\_\_\_ NO

**In spaces below, please fill in ALL household members. List yourself first.**

**Please use the following choices for "RACE":**

1. American Indian/Alaskan Native  
2. Asian  
3. Black/African American  
4. Multi-Race  
5. Native Hawaiian/Pacific Islander  
6. Other  
7. White

**Please use the following choices for "GENDER":**

- 1. Transgender FTM**
- 2. Transgender MTF**
- 3. Gender Non-Conforming**
- 4. Non-binary**
- 5. Other**
- 6. Transgender**

[illegible]

## DECLARATION OF HOUSEHOLD INCOME

**Below please report GROSS income for the entire household (Amounts before taxes and insurance)-**

Household Member Name	Type of Income	Employer	Start Date of Income	Gross Amount per Month
				\$
				\$
				\$
				\$
				\$
				\$

**Total Household Income for last 30 days**

**\$**

**MONTHLY EXPENSES:** Provide \$ amount below.

Mortgage/Rent \$ \_\_\_\_\_

Rental Insurance: \$ \_\_\_\_\_

Property Taxes: \$ \_\_\_\_\_

Phone: \$ \_\_\_\_\_

Cable/Wifi: \$ \_\_\_\_\_

Water/Sewer: \$ \_\_\_\_\_

BGE: \$ \_\_\_\_\_

Oil: \$ \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_

**Client Agreement:**

I declare that the information I have provided Harford Community Action Agency (HCAA) is true, correct and complete. I understand that when this application is signed, permission is given to the HCAA to check all household income, bank accounts, housing expenses, insurance, and other benefits.

If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS), by signing this application, I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but is not limited to, household members, income, expenses, resources, child support payments, etc.

I acknowledge that my application information will be stored digitally in the agency database: CAP60. This information will be maintained with the utmost confidentiality, and only HCAA staff will have access to individual files within the database. Maryland law protects against fraud. Punishment can occur for not telling the truth when applying for assistance from any HCAA program.

Harford Community Action Agency, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

**Grievance Process:**

If the client wishes to file a grievance, they may do so in writing to the Chief Executive Officer (CEO) stating the situation and their concerns.

The CEO must set up an appointment with the client within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution.

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Applicant's Signature

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Date



## **USDA Nondiscrimination Statement**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **(833) 620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**fax:**

(833) 256-1665 or (202) 690-7442; or

**email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

## CONSENT FOR RELEASE OF INFORMATION

This form authorizes information to be released from the Local Department of Social Services to the Community Based Organization and Customer. I, (customer's name) \_\_\_\_\_, authorize the Family Investment Administration to release all information contained in, and concerning the status of, my application/redetermination for Public benefits, as a resident of the State of Maryland, to the following agency:

Harford Community Action Agency, Inc. 1321 B Woodbridge Station Way, Edgewood, MD 21040  
**Name of Community Based Organization** **Address**

This information may be released to the following person (s):

<u>Tara Phillips</u>	<u>SNAP Coordinator</u>	<u>tphillips@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Courtney Insley</u>	<u>SNAP Associate</u>	<u>cinsley@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Deven Chona</u>	<u>SNAP Associate</u>	<u>dchona@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Damon Presberry</u>	<u>SNAP Associate</u>	<u>dpresberry@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Kim Neely</u>	<u>Chief Operating Officer</u>	<u>kneely@harfordcaa.org</u>	<u>#410-612-9909</u>
<b>Name (please print)</b>	<b>Supervisor /Position Title</b>	<b>Email</b>	<b>Phone</b>

\_\_\_\_\_  
**Name of applicant/recipient (please print)**

\_\_\_\_\_  
**Date of Birth or CID#**

\_\_\_\_\_  
**Signature of applicant/recipient or authorized representative**

\_\_\_\_\_  
**Applicant/recipient Social Security Number- (No CID#)**

\_\_\_\_\_  
**Date**

*Return completed to Sender.*

*This form is valid for 12 months from the date of signature. Note: this consent may be revoked by the customer, in writing, at any time except to the extent that action has been taken in reliance upon it.*

