

30 Day Certification or No Proof Form

Complete this form when no proof of income, residence or identity is available. Use the first column if the applicant did not bring the required proofs for the appointment and offer a 30-Day certification. Use the second column if the applicant cannot provide proof and offer a full certification. This form must be signed and dated by the applicant and a WIC staff member.

Household ID _____ Name _____

Proof of Income

I declare my total gross household income is \$ _____ per _____

- | | |
|---|---|
| <input type="checkbox"/> I did not bring proof of income today.

The income information I am declaring is correct. I must bring proof of our household income within 30 days from today or my eligibility will end, and I will need to reapply. | I cannot provide proof of income because I am:

<input type="checkbox"/> A disaster victim <input type="checkbox"/> A migrant farm worker
<input type="checkbox"/> Homeless <input type="checkbox"/> Paid in cash
<input type="checkbox"/> Not working and have zero income |
|---|---|

Proof of Residency

I declare my current address is:

- | | |
|--|--|
| <input type="checkbox"/> I did not bring proof of address today.

The address information I am declaring is correct. I must bring proof of our address within 30 days from today or my eligibility will end, and I will need to reapply. | I cannot provide proof of address because I am:

<input type="checkbox"/> Homeless <input type="checkbox"/> A migrant farm worker
<input type="checkbox"/> A victim of theft, loss, or disaster |
|--|--|

Proof of Identity

- | | |
|--|---|
| <input type="checkbox"/> I did not bring proof of identity for: _____ today.

I must bring proof of identity within 30 days from today or my eligibility will end, and I will need to reapply. | I cannot provide proof of identity because I am:

<input type="checkbox"/> Homeless <input type="checkbox"/> A migrant farm worker
<input type="checkbox"/> A victim of theft, loss, or disaster |
|--|---|

Please read and sign

I understand that by signing this form, I am certifying that the information I have provided is correct. I understand that if I give false information, it is considered abuse of the program and I may be required to pay the amount of my food benefits.

Signature _____ Date _____

Staff Signature _____ Date _____

This institution is an equal opportunity provider.