RENEWAL APPLICATION FOR AUXILIARY GRANT (AG), SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

This is an application to renew your eligibility for benefits. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office. You may also apply online for renewal for SNAP or TANF at https://commonhelp.virginia.gov/access/.

A. HOUSEHOLD INFORMATION

1. Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number) City, State, ZIP

Your Mailing Address (if different from your street address) City, State, ZIP

In what city or county do you live? E-mail Address

Primary Telephone Number Alternate Telephone Number

Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

☐ Text ☐ Email

Cell Phone Number __________________________ Email Address __________________________

2. Household Composition: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person.

1 Self

Name (last, first, middle initial) Relationship to You City, State, Country of Birth:

Social Security Number: __________________________ Gender: ☐ Male ☐ Female Are you a U.S. citizen? ☐ Yes ☐ No

Marital Status: ☐ Married ☐ Never Married If No, immigration status: __________________________

☐ Separated ☐ Divorced ☐ Widowed US Residency Date:__/____/____

Highest Grade Completed: ___ Alien Registration Number: __________________________

School Name if a Student: __________________________ Are you a U.S. citizen? ☐ Yes ☐ No

Are you a veteran or dependent? ☐ Yes ☐ No: Are you temporarily living away from home? ☐ Yes ☐ No

Program(s) Requested: Date Left __/___/_____ Expected Return Date __/___/____

☐ AG ☐ SNAP ☐ TANF Reason for being away:

Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White ☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

032-03-729A-18-eng (05/2020)
If you need more space to list your household members, please ask for another form or write the information on a separate sheet.

<table>
<thead>
<tr>
<th>Name (last, first, middle initial)</th>
<th>Relationship to Applicant</th>
<th>Birth Date (mm-dd-yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
<td>City, State, Country of Birth:</td>
<td></td>
</tr>
<tr>
<td>Gender: Male</td>
<td>Female</td>
<td>Is this person a U.S. citizen?  Yes  No</td>
</tr>
<tr>
<td>Marital Status: Married</td>
<td>Never Married</td>
<td>If No, immigration status: US Residency Date: <strong>/</strong><em>/</em>___</td>
</tr>
<tr>
<td>Separated</td>
<td>Divorced</td>
<td>Widowed</td>
</tr>
<tr>
<td>Highest Grade Completed:</td>
<td>Alien Registration Number:</td>
<td></td>
</tr>
<tr>
<td>School Name if a Student:</td>
<td>Is this person disabled or pregnant?  Yes  No</td>
<td></td>
</tr>
<tr>
<td>Is this person a veteran or dependent?  Yes  No</td>
<td>Program(s) Requested:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date Left__/<strong><strong>/</strong></strong> Expected Return Date__/<strong><strong>/</strong></strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reason for being away:</td>
<td></td>
</tr>
</tbody>
</table>

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

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<td>City, State, Country of Birth:</td>
<td></td>
</tr>
<tr>
<td>Gender: Male</td>
<td>Female</td>
<td>Is this person a U.S. citizen?  Yes  No</td>
</tr>
<tr>
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<td>If No, immigration status: US Residency Date: <strong>/</strong><em>/</em>___</td>
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<tr>
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<td>Divorced</td>
<td>Widowed</td>
</tr>
<tr>
<td>Highest Grade Completed:</td>
<td>Alien Registration Number:</td>
<td></td>
</tr>
<tr>
<td>School Name if a Student:</td>
<td>Is this person disabled or pregnant?  Yes  No</td>
<td></td>
</tr>
<tr>
<td>Is this person a veteran or dependent?  Yes  No</td>
<td>Program(s) Requested:</td>
<td></td>
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<td>Date Left__/<strong><strong>/</strong></strong> Expected Return Date__/<strong><strong>/</strong></strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reason for being away:</td>
<td></td>
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</tbody>
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<td>City, State, Country of Birth:</td>
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<td>Never Married</td>
<td>If No, immigration status: US Residency Date: <strong>/</strong><em>/</em>___</td>
</tr>
<tr>
<td>Separated</td>
<td>Divorced</td>
<td>Widowed</td>
</tr>
<tr>
<td>Highest Grade Completed:</td>
<td>Alien Registration Number:</td>
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<tr>
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<td>Is this person disabled or pregnant?  Yes  No</td>
<td></td>
</tr>
<tr>
<td>Is this person a veteran or dependent?  Yes  No</td>
<td>Program(s) Requested:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date Left__/<strong><strong>/</strong></strong> Expected Return Date__/<strong><strong>/</strong></strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reason for being away:</td>
<td></td>
</tr>
</tbody>
</table>
Household Composition (continued)

5

Name (last, first, middle initial) ________________________________ Relationship to Applicant ________________________________ Birth Date (mm-dd-yyyy) ________________________________
Social Security Number: ________________________________ City, State, Country of Birth: ________________________________

Gender:  
- Male  
- Female

Marital Status:  
- Married  
- Never Married  
- Separated  
- Divorced  
- Widowed

Is this person a U.S. citizen?  
- Yes  
- No

If No, immigration status: __________________________________
US Residency Date: __/__/_____

Highest Grade Completed: ________________________________

School Name if a Student: ________________________________

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested:
- None  
- AG  
- SNAP  
- TANF

Is this person a veteran or dependent?  
- Yes  
- No

Program(s) Requested: ________________________________

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested: ________________________________

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested: ________________________________

6

Name (last, first, middle initial) ________________________________ Relationship to Applicant ________________________________ Birth Date (mm-dd-yyyy) ________________________________
Social Security Number: ________________________________ City, State, Country of Birth: ________________________________

Gender:  
- Male  
- Female

Marital Status:  
- Married  
- Never Married  
- Separated  
- Divorced  
- Widowed

Is this person a U.S. citizen?  
- Yes  
- No

If No, immigration status: __________________________________
US Residency Date: __/__/_____

Highest Grade Completed: ________________________________

School Name if a Student: ________________________________

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested:
- None  
- AG  
- SNAP  
- TANF

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested: ________________________________

Is this person temporarily away from home?  
- Yes  
- No

Date Left __/__/______ Expected Return Date __/__/______

Program(s) Requested: ________________________________

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity:  
- Hispanic/Latino  
- Not Hispanic/Latino

Racial Heritage:  
- White  
- Black/African American  
- Asian  
- Asian & Black/African American  
- Asian & White  
- American Indian/Alaskan Native  
- Black/African American & White  
- American Indian/Alaskan Native & White  
- Native Hawaiian/Other Pacific Islander  
- American Indian/Alaskan Native & Black  
- Other/Unknown

- YES  
- NO

1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain: __________________________________

- YES  
- NO

2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain: __________________________________

- YES  
- NO

3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain: __________________________________

- YES  
- NO

4. Have you or anyone for whom you are applying ever been convicted of a felony as an adult on or after February 8, 2014 for the following:
   a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense?  
      - YES  
      - NO
   b. Murder under Title 18 USC, Section 1111 or a similar state offense?  
      - YES  
      - NO
   c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense?  
      - YES  
      - NO
   d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a))?  
      - YES  
      - NO

If YES to any of the above, who? __________________________________

If YES to any of the above, are you in compliance with the terms of the sentence?  
- YES  
- NO
B. RESOURCES

You do not have to complete this section if you are only renewing for TANF. Otherwise, answer for everyone for whom you are applying. Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

1. Do you or anyone who lives with you have any of the following resources or assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash $_________</td>
<td></td>
</tr>
<tr>
<td>401K, 403B, etc.</td>
<td></td>
</tr>
<tr>
<td>Individual Retirement Account (IRA)</td>
<td></td>
</tr>
<tr>
<td>Deferred Compensation Plan</td>
<td></td>
</tr>
<tr>
<td>Keogh Plan</td>
<td></td>
</tr>
<tr>
<td>Stocks or bonds</td>
<td></td>
</tr>
<tr>
<td>Other ________________________</td>
<td></td>
</tr>
</tbody>
</table>

— If you have any of the above, please provide the following information:

<table>
<thead>
<tr>
<th>Owner Name (last, first, middle initial)</th>
<th>Co-Owner Name (last, first, middle initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Bank or Institution</td>
<td>Account Type</td>
</tr>
<tr>
<td>Address of Bank or Institution</td>
<td>Account Number</td>
</tr>
</tbody>
</table>

b. Owner Name (last, first, middle initial) | Co-Owner Name (last, first, middle initial) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Bank or Institution</td>
<td>Account Type</td>
</tr>
<tr>
<td>Address of Bank or Institution</td>
<td>Account Number</td>
</tr>
</tbody>
</table>

- YES  NO 2. Has anyone received or expect to receive winnings of $3,500 or more from lottery or gambling? If YES, explain:

- YES  NO 3. Has anyone sold, transferred or given away any resources in the last 3 months (for SNAP), in the last 3 years (for Auxiliary Grants)? If YES, explain:

Note: Additional Resource information may be needed section if you are applying for the Auxiliary Grant program.

C. INCOME

1. Do you or anyone who lives with you receive or expect to receive any of the following types of money from working? Include money from all jobs that you have now or expect to begin full time, part time, seasonal, temporary, self-employment. Answer Yes or No below and provide the requested information:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salary</td>
<td></td>
</tr>
<tr>
<td>Contract Income</td>
<td></td>
</tr>
<tr>
<td>Vacation Pay</td>
<td></td>
</tr>
<tr>
<td>Commissions, Bonuses, Tips</td>
<td></td>
</tr>
<tr>
<td>Earned Sick Pay</td>
<td></td>
</tr>
<tr>
<td>Babysitting/Adult or child care</td>
<td></td>
</tr>
<tr>
<td>Farming/Fishing</td>
<td></td>
</tr>
<tr>
<td>Odd jobs</td>
<td></td>
</tr>
<tr>
<td>Self-employment</td>
<td></td>
</tr>
<tr>
<td>Any other money from working</td>
<td></td>
</tr>
</tbody>
</table>

Name (last, first, middle initial)

Number of Hours Per Week

Date Job Started

Employer Name, Address and Telephone Number

Pay Schedule

Rate of Pay

Next Pay Date (mm/dd/yyyy)

Name (last, first, middle initial)

Number of Hours Per Week

Date Job Started

Employer Name, Address and Telephone Number

Pay Schedule

Rate of Pay

Next Pay Date (mm/dd/yyyy)
INCOME (continued)

☐ YES ☐ NO  2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If YES, give name and explain: __________________________________________

3. Do you or anyone who lives with you (including children) receive or expect to receive any of the following? Answer yes or no below and provide the requested information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Social Security</td>
<td>☐ VA benefits</td>
</tr>
<tr>
<td>☐ Child support, alimony</td>
<td>☐ Unemployment benefits</td>
</tr>
<tr>
<td>☐ Cash gifts or contributions</td>
<td>☐ Room/board income</td>
</tr>
<tr>
<td>☐ Loans</td>
<td>☐ Black Lung benefits</td>
</tr>
<tr>
<td>☐ SSI</td>
<td>☐ Worker compensation</td>
</tr>
<tr>
<td>☐ Military Allotment</td>
<td>☐ Rental Income</td>
</tr>
<tr>
<td>☐ Public Assistance (TANF, GR etc)</td>
<td>☐ Inheritance</td>
</tr>
<tr>
<td>☐ Training allowances (WIA, etc.)</td>
<td>☐ Railroad retirement</td>
</tr>
<tr>
<td>☐ Strike benefits</td>
<td>☐ Prize winnings</td>
</tr>
<tr>
<td>☐ All food, clothing, utilities, or rent</td>
<td>☐ Other retirement</td>
</tr>
<tr>
<td>☐ Interest, dividends</td>
<td>☐ Insurance settlement</td>
</tr>
<tr>
<td>☐ Military Allotment</td>
<td>☐ Any other type of money</td>
</tr>
</tbody>
</table>

a. Name of Person $ ____________________________ Type of Money or Help ____________________________ How Often Received? ____________________________

b. Name of Person $ ____________________________ Type of Money or Help ____________________________ How Often Received? ____________________________

c. Name of Person $ ____________________________ Type of Money or Help ____________________________ How Often Received? ____________________________

☐ YES ☐ NO  4. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If YES, give name, amount, and explain: ____________________________________________________________

☐ YES ☐ NO  5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: ____________________________________________________________

☐ YES ☐ NO  6. Does anyone pay legally obligated child support to someone not in the household? If YES, give name of person paying, person supported, and amount: ____________________________________________________________

D. FINANCIAL ASSISTANCE FOR CHILDREN

☐ YES ☐ NO  1. Has the absent parent(s) begun supporting the children or changed the amount of support? If YES, explain: ____________________________________________________________

☐ YES ☐ NO  2. Has the legal parent(s) become disabled such that he or she is unable to work? If YES, explain: ____________________________________________________________

☐ YES ☐ NO  3. Do you have any new information that would help us locate the absent parent(s)? If YES, explain: ____________________________________________________________
E. SNAP BENEFITS

1. List the name of the person who is the head of your household: ____________________________________________________

2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf.

<table>
<thead>
<tr>
<th>Name, Address and Telephone Number of the Authorized Representative</th>
<th>Check (✓) each duty authorized for that person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Apply for SNAP benefits</td>
</tr>
<tr>
<td></td>
<td>☐ Receive correspondence</td>
</tr>
<tr>
<td></td>
<td>☐ Receive or use SNAP benefits</td>
</tr>
</tbody>
</table>

☐ YES  ☐ NO  3. Is anyone living in your home NOT included in your SNAP application? If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) ☐ YES  ☐ NO

☐ YES  ☐ NO  4. Is anyone living in your home a roomer or boarder? If YES, list names: ____________________________________________________

☐ YES  ☐ NO  5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability payment? If YES, list all current medical expenses for these people.

<table>
<thead>
<tr>
<th>Household Member with Medical Expense</th>
<th>Type of Expense</th>
<th>Amount</th>
<th>Name of Doctor, Hospital, Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ YES  ☐ NO  6. Do you have any of the following shelter expenses? If YES, list your current expenses. Check (✓) here ☐ if these expenses are for a house you do not live in.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount Billed</th>
<th>How Often Billed?</th>
<th>Who is Responsible for the Bill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas/Oil/Kerosene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coal/Wood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water/Sewage/Garbage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Installation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6a How do you heat your home? ____________________________________________________

☐ YES  ☐ NO  6b Do you have air conditioning in your home?

☐ YES  ☐ NO  6c Did you receive energy/fuel assistance during this past year while living in your current home?

☐ YES  ☐ NO  6d Are you staying temporarily in someone else’s home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If YES, how much does it cost to stay there during the month?

_______________________________________________________________________________________

If you are staying temporarily in someone else’s home, when did you move there? ______________________
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.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail:  U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  
(Please check only one)

☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.

☐ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)

☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided not to register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, telephone (804) 864-8901.

Applicant Name  Signature  Date

Voter Registration form completed:  ☐ Yes  ☐ No
Voter Registration form given to applicant for later mailing (at applicant’s request)  ☐

Agency Staff Signature  Date
VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System (IEVS)

BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I understand:

- All of my responsibilities, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If my application is for SNAP, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

My signature authorizes the release to this agency of all information necessary to determine and review my eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself:  □ Yes  □ No
If NO, it was read back to me when complete:  □ Yes  □ No

_______________________________  ________________________________
Your Signature or Authorized Representative's Signature or Mark   Date

_______________________________  ________________________________
Witness to Mark or Interpreter       Date

Complete this section if this application was completed for the applicant by someone else.

Name of person completing application _______________________________ Date _______________________________ Relationship to applicant _______________________________

Primary Telephone Number _______________________________ Alternate Telephone Number _______________________________