

For Chrome:

1. Click on the lunch form on the HorizonsAlbuquerque Web site:  
<https://www.horizonsalbuquerque.org/how-to-return-required-forms>
2. Enter your information ( One form per family )
3. Then go to print file , mouse over the 3 dots on Chrome and instead of printing to a printer, choose save to PDF
4. Remember what the saved PDF file is named and take that file and email to Dennis at [dshaulis@horizonsalbuquerque.org](mailto:dshaulis@horizonsalbuquerque.org)
5. Lunch form Done !

Form 3.2(a)

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP)  
INCOME ELIGIBILITY APPLICATION**

**PART 1. INDICATE NAMES AND AGES OF CHILDREN FOR WHOM THE APPLICATION IS MADE:**

NAME	AGE	NAME	AGE

**PART 2. HOUSEHOLDS NOW RECEIVING BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), OR TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES): COMPLETE THIS PART AND SIGN THE STATEMENT IN PART 4. DO NOT COMPLETE PART 3.**

SNAP Case #: \_\_\_\_\_ FDIPIR I.D. #: \_\_\_\_\_ TANF Case #: \_\_\_\_\_

**PART 3. ALL OTHER HOUSEHOLD INFORMATION: IF YOU DID NOT COMPLETE PART 2, COMPLETE THIS PART AND PART 4.**

a.) Names of Household Members. List all related and unrelated persons who live in your household and share living expenses or meals. (Do not include children listed above.)

NAME	NAME	NAME

TOTAL NUMBER IN HOUSEHOLD:

b.) Household Income - Total per month before taxes. Indicate the source and amount of current income for all members of your household. Follow the definition of income specified in the income eligibility standards. If you receive more than one check from any of these sources, indicate the total monthly amount received.

Wages, Salary:	Child Support/Alimony:	TOTAL MONTHLY INCOME:
\$ _____	\$ _____	\$ _____
Social Security: \$ _____	Pension/Retirement: \$ _____	
Unemployment: \$ _____	Other Income: \$ _____	

**PART 4. SIGNATURE AND PENALTIES FOR MISREPRESENTATION:**

I certify that the above information is true and correct and that the SNAP, FDIPIR or TANF numbers are correct or that all income is reported. I understand that this application is being made with the receipt of Federal funds and that program officials may verify the information on this application. I further understand that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Laws.

\_\_\_\_\_  
Signature of Adult Family Member

\_\_\_\_\_  
Social Security Number

**FOR SFSP SPONSOR USE ONLY**

Sponsoring Organization: \_\_\_\_\_ Eligible: \_\_\_\_\_ Ineligible: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 11/20/2019, LNECS Family Nutrition Bureau/Albuquerque/Albuquerque FNB/SFSP-Summer Food/WEB Forms/Web Forms 2020-SKCS 2(a) Income Eligibility App-Eng.docx

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NAME	AGE	NAME	AGE
Testing			

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INCOME ELIGIBILITY APPLICATION**

**PART 1. INDICATE NAMES AND AGES OF CHILDREN FOR WHOM THE APPLICATION IS MADE:**

NAME	AGE	NAME	AGE
Skinner Number One			

**PART 2. HOUSEHOLDS NOW RECEIVING BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), OR TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES): COMPLETE THIS PART AND SIGN THE STATEMENT IN PART 4. DO NOT COMPLETE PART 3.**

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Wage Salary: € Child Support/Alimony: € TOTAL MONTHLY INCOME: €

For Apple:

Not recommended due to issue with entered text size being too large. If you are an Apple user you may have other tools to complete form.