Utah Senior Farmers Market Nutrition Program
Self-Declaration Form 2024

TO BE COMPLETED BY PARTICIPANT - PLEASE PRINT		
Name	Address	Apartment #
City	State/Zip Code	County
Home Phone	Cell Phone	Date of Birth / /
Primary Language	Email	
Sex: Female _____ Male _____ Other _____		

To participate in the Utah Seniors Farmers' Market Nutrition Program, a person must be at least 60 years of age with an income at or below 185% of the annual poverty income guidelines.

I certify that:

☐ I am 60 years of age or older

☐ My monthly income is at or below the federal income guidelines to qualify for the Seniors Farmers' Market Nutrition Program (consult the table below)

☐ I have not yet received SFMNP coupons this year (2024)

_____   _____

Signature (Participant)   Date

Income Guidelines (185% of the FPL)					
Household Size	Annual Income	Monthly Income	Twice Per Month	Bi-Weekly Income	Weekly Income
1	$27861	$2322	$1161	$1072	$536
2	$37814	$3152	$1576	$1456	$728
3	$47767	$3981	$1968	$1838	$919
4	$57720	$4810	$2405	$2220	$1110

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5	$67673	$5639	$2820	$2604	$1302
6	$77626	$6469	$3234	$2988	$1494
7	$87579	$7298	$3649	$3372	$1686
8	$97532	$8128	$4064	$3756	$1878
For each add'l family member, add:	$9953	$783	$415	$384	$192

Full table of income eligibility available for households greater than 8. Income is based on gross income (income from all sources before taxes). This table is effective from now, beginning of UT SFMNP Program applicant screening, as of April 15, 2024.

Race and Ethnic Data
This information is for record keeping purposes only. It does not affect your eligibility.

Are you Hispanic or Latino?   Yes ☐   No ☐

What is your race (mark all that are applicable)?

Asian ☐   White ☐   Black or African American ☐

American Indian or Alaskan Native ☐   Native Hawaiian or Pacific Islander ☐

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For Program Staff Use Only

Market/Site Name: _____

Participant ID (first initial, last initial, 8 digit birthday) #:
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