

ROCKY RIVER ASSISTANCE PROGRAM Enrollment Application

Please complete the application in its entirety. We are only able to distribute food to you if it is complete. If you have any questions, please contact 216.556.5887 or at rockyriverassistanceprogram@gmail.com.

Applicant's Name:					
SS#:					
Spouse's Name:					
SS#:					
Address:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Home Number:</td> <td></td> </tr> <tr> <td>Cell Phone No.:</td> <td></td> </tr> </table> Own or Rent:	Home Number:		Cell Phone No.:		How long at this address?
Home Number:					
Cell Phone No.:					
Monthly Child Support amount:	Monthly Food Stamps amount:				
Monthly income amount and sources (include food stamps and child support, if applicable)					
Monthly Rent/Mortgage:					
Please list other assistance received by any member of the household (provide card number if applicable)					
EMAIL ADDRESS:					

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR EACH MEMBER OF THE HOUSEHOLD:

NAME	BIRTHDATE	GENDER	NAME OF EMPLOYER/SCHOOL	GRADE LEVEL (2018/2019)

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

Have you or anyone in your household been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

REASON FOR ASSISTANCE

- Inadequate Public Assistance
- Recently Unemployed with no income
- Reduction or loss of Food Stamps
- Utility Cut off
- Low Income/Part-time Employed
- Low Income/Full-time Employed
- SSI/SSD/Retirement Benefits too low
- No Income
- Other _____

Each month, applicants are required to sign the USDA Intake Sheet in order to receive food. By signing the USDA Intake Sheet, "I certify that my yearly gross household income is at or below the income required for households with the same number as my household. I also certify that, as of today, my household lives in the area served by the State of Ohio Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal Assistance. Program officials may verify that I have certified to be true. I understand that making false certification may result in having to pay State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law."

I swear that the information provided on this application is complete, correct and truthful."

Signature _____

Date: _____

.....
FOR RRAP use only:

VERIFICATION INFORMATION:

- Proof of Income
- 1040 Form (Requal)
- Proof of Address
- Proof of Number in Household
- Photo Identification for each adult
- IRS Form 4506-T for each adult

Enrollment Date: _____

Referred by: _____

ADDITIONAL COMMENTS:

**Ohio Department of Job and Family Services
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME**

This box is *optional* for local agency use, check one:

- A (Household with minor children)
 B (Household without minor children)

Name _____			
Address _____			
City _____	Zip _____	Area Code + Phone _____	
()			
Number of people in household by age: age 60+ _____ age 18 - 59 _____ age birth - 17 _____ Total _____			

This table shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through The Emergency Food Assistance Program.

HOUSEHOLD ELIGIBILITY GUIDELINES EFFECTIVE July 1, 2017

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$24,119	\$2,009	\$463
2	\$32,479	\$2,706	\$624
3	\$40,839	\$3,403	\$785
4	\$49,199	\$4,099	\$946
5	\$57,559	\$4,796	\$1,106
6	\$65,919	\$5,493	\$1,267
7	\$74,279	\$6,189	\$1,428
8	\$82,639	\$6,886	\$1,589
9	\$90,999	\$7,583	\$1,749
For each additional household member add	\$8,360	\$697	\$161

Read the following statement carefully, then sign the form & write in today's date.

I certify that my current gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.	
Signature X	Date X

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, 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.eeoc.usda.gov/comp/df_intro.cfm, 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: programpol@aphis.usda.gov. This institution is an equal opportunity provider.

This box is <i>optional</i> for local agency use, check one:			
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
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Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X

Dear Applicant,

We appreciate your interest in the Rocky River Assistance Program. As part of our application process, a routine inquiry into your background may be made. This inquiry may include a review of current employment, a credit report, driving record, civil and criminal litigation searches and general reputation within the community.

Would you please read the following statement and indicate your agreement by signing below.

I authorize all persons, business organizations, companies, corporations, landlords, credit bureaus and law enforcement agencies to provide the Rocky River Assistance Program and/or its agents any information concerning my background. I release the Rocky River Assistance Program and its agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background.

APPLICANT MUST SIGN BELOW!

Signature _____ Date _____ Date of birth _____

Driver's license number _____ State _____ Social Security Number _____

Current address INCLUDING ZIP CODE _____

Former address WITH ZIP CODE if the current address is temporary or resided in for less than 2 years _____

PLEASE PRINT THE NAME TO BE RESEARCHED BELOW:

Name of Screening Services client who is requesting this report:

Please print Telephone number Fax number

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Request may be rejected if the form is incomplete or illegible.
 ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at irs.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date