

Disaster SNAP Program  
Income Eligibility Standards  
Hurricane Irene  
April 1, 2010 – September 30, 2011

Household Size	Net Income after allowable deductions	Maximum Allotment
1	\$1,503	\$200
2	\$1,815	\$367
3	\$2,126	\$526
4	\$2,449	\$668
5	\$2,787	\$793
6	\$3,124	\$952
7	\$3,436	\$1052
8	\$3,748	\$1202
Each Additional Member	\$312	\$150

Note: After allowable hurricane disaster expenses are deducted from take-home pay and assets such as savings and checking accounts, these are the income limits for eligibility for a one-time hurricane disaster food benefit.

**Standard Deduction Amounts:**

Temporary Housing - \$50 for 1 person, \$60 for 2 people, \$75 for 3 people, \$105 for 4 or 5 people  
 Pet Boarding - \$50.00  
 Loss of each rug - \$100.00  
 Loss of wall to wall carpeting on first floor - \$1,500  
 Loss of Hot Water Heater - \$300.00  
 Loss of Roof or home repairs – up to \$5,000.00  
 Replacement for Essential House furnishings - 1 person - \$585; 2 people - \$745; 3 people - \$895; 4 people - \$1,195. \$150 for each additional person  
 Payment of Storage Costs - \$150.00  
 Replacement of clothing - \$86 for anyone 13 and older, \$48 for child 5-12 and \$29 for child birth to 4.



First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Source/Type	Amount

PART D – RESOURCES		PART E – EXPENSES	
List all cash your household will be able to get to during the disaster		List disaster-caused expenses that your household paid or expects to pay during this disaster. DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.	
	AMOUNT		AMOUNT
Checking accounts		Dependent care due to disaster	
Saving accounts		Funeral/medical expenses due to disaster	
Cash on hand		Moving and storage costs due to disaster	
		Temporary shelter expenses	
		Cost to protect property during disaster	
		Cost to repair or replace items for home or self-employment property	
		Other disaster-related expenses	
		Food destroyed in disaster	

**PART F – CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)

\_\_\_\_\_ DATE: \_\_\_\_\_

**PART G – PENALTY WARNING**

If your household gets food stamps, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food stamps to make sure you were eligible for disaster aid.

**DO NOT give false information or hide information to get or to continue to get food stamps.**  
**DO NOT give or sell food stamps or authorization documents to anyone not authorized to use them.**  
**DO NOT alter any food stamps or authorization document to get food stamps you are not entitled to.**  
**DO NOT use food stamps to buy unauthorized items such as alcohol or tobacco.**  
**DO NOT use another household's food stamps or authorization document for your household.**

**AFFIDAVIT OF LOSS OF  
INCOME OR DISASTER-RELATED EXPENSES**

**CASE NAME:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

I certify under penalty of perjury that my household experienced either a loss of income or incurred disaster-related expenses as a result of the \_\_\_\_\_ that  
Identify Disaster  
occurred in my county of residence during the period of \_\_\_\_\_ through  
\_\_\_\_\_.

**List of Expenses**

	<b>Yes</b>	<b>No</b>
Pet Boarding	_____	_____
Home Repairs	_____	_____
Temporary Shelter Expenses	_____	_____
Medical Expenses due to Disaster	_____	_____
Disaster Related Funeral	_____	_____
Business Repairs	_____	_____
Evacuation Expenses	_____	_____
Storage Expenses	_____	_____
Other	_____	_____
Explain Other:	_____	

**Client signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_