

Rocky River Assistance Program Application

Please fill in all parts of this application so we can determine if you qualify for help.

Questions? Contact (216) 556-5887 or rockyriverassistanceprogram@gmail.com

Section I: Contact Information:

Applicant's Name:		SSN:
Spouse's Name:		SSN:
Address:		
Home Phone:	Own or Rent (<i>circle one</i>)	
Mobile Phone:	How long at this address?	
E-mail Address:		

Section II: Financial Information

Monthly Child Support Amount:	Monthly Food Stamp Amount:
Your Total Monthly Income: <i>(include food stamps and child support listed above, if applicable)</i>	Monthly Rent or Mortgage:
Please tell us about any other assistance received by any member of your household: <i>(provide card number, if applicable)</i>	

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Section III: Information About Your Household:

Please complete the following information for each person in your household.

NAME	DATE OF BIRTH	GENDER	NAME OF EMPLOYER OR SCHOOL	GRADE LEVEL (2021/2022)

Total Number of People in Your Household:

Have you or anyone else in your household been convicted of a felony? YES NO

If you circled "YES" please explain below:

Section III: Reason for Assistance

Please tell us why you are asking for assistance. Put a check next to all that apply:

- Inadequate Public Assistance
- Recently Unemployed with No Income
- Reduction or Loss of Food Stamps
- Utilities Cut Off
- Low Income / Part-Time Employed
- Low Income / Full-Time Employed
- SSI / SSD / Retirement Benefits Too Low
- No Income
- Other (explain below):

Section IV: Acknowledgement of Information

Each month, applicants are required to sign the USDA Intake Sheet in order to receive food assistance.

Your signature means the following:

“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 an 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 the information that I have certified to be true.

I understand that making false certification may result in having to pay the State of Ohio for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal Law.

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

Applicant Signature:	Date:
Applicant Print Name:	

End of RRAP Application.

Please complete attached State and Federal Forms.

THIS SECTION FOR RRAP USE ONLY

Verification Information: <input type="checkbox"/> Proof of Income 1040 <input type="checkbox"/> Form (Requal) Proof <input type="checkbox"/> Proof of Number in Household <input type="checkbox"/> Photo ID for Each Adult in Household <input type="checkbox"/> IRS Form 4506-T for Each Adult in Household	
Enrollment Date:	Referred By:
Notes:	