



# City of Redlands Round 2 Grocery Gift Card Program Application

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Questions

Please reply to all questions below for your application to be considered complete. By providing a response to any of these questions, you certify that you can provide proof to support your response to the City of Redlands.

### 1. WHAT IS YOUR ANNUAL HOUSEHOLD INCOME?

\_\_\_\_\_

### 2. ARE YOU ENROLLED IN ONE OR MORE OF THE FOLLOWING PROGRAMS?

- Children's Health Insurance Program (CHIP)
- Childcare Subsidies through the Child Care and Development Fund (CCDF) Program
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs
- Medicare Part D Low-income Subsidies
- Supplemental Security Income (SSI)
- Head Start and/or Early Head Start
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Section 8 Vouchers
- Low-income Home Energy Assistance Program (LIHEAP)
- Pell Grants
- Southern California Edison's California Alternate Rates for Energy (CARE) of Family Electric Rate Assistance (FERA) program
- Not enrolled in any of the above programs

3. DID YOU PARTICIPATE IN THE FIRST ROUND OF THE GROCERY GIFT CARD PROGRAM?

Yes

No

**Application Certification and Signature**

*I certify that the information provided by me on this application is true and accurate and will provide verification if requested. I understand that transfers of gift cards are not allowed and may result in program termination if gift cards are sold, transferred, or used for any other purpose other than for the purchase of food items. If approved, every month I will certify by signature that I meet the eligibility requirements of this program and will notify the city within 30 days of any changes to my eligibility. I acknowledge that the completion of this application does not in any way indicate eligibility or approval. I acknowledge that due to the limited funds available for this program, some qualifying applications may not be approved. Your electronic signature is the legal equivalent of your manual signature on this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified  
by: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Staff Initials