



**Application for the Supplemental Nutrition Assistance Program (SNAP)**

**Please print clearly and answer all questions fully.** You, and anyone living with you, may need to provide proof of all income, and certain expenses. We are required to act on your application within thirty days of receipt. You may complete this form at home and mail or bring it to the FCRC, or a household member or an adult who knows you may complete the application and return it to us for you. If an approved representative completes and signs this form for you, they will answer the questions as they relate to the applicant and not to the approved representative.

<b>(For Office Use Only)</b>	
Case Number:	_____
Case Name:	_____
Application Date:	_____

You may be entitled to receive benefits right away if:

- \* your gross nonexempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard: or,
- \* you have assets of \$100 or less and
  - your gross monthly income for the month of application is less than \$150; or
  - at least one person applying is a migrant who is "out of funds."

Name: \_\_\_\_\_  
(Head of Household)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. #) (City) (State) (Zip Code)

Mailing Address, if different: \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Emergency): \_\_\_\_\_

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

You have the right to immediately file the application as long as the top of this application is completed with your name, address and signature. The filing of this signed Page 1 starts the application processing timetable.

**Citizenship/Immigration Status**

If you or any other member of your SNAP unit are not applying for SNAP benefits because you do not wish to provide information about your immigration status, you do not have to give us that information. The failure to provide immigration information will not affect processing the application for the remaining members of the SNAP unit. However, any member of your SNAP unit who is applying for SNAP benefits for himself or herself has to provide information on their immigration status.

Are all members of the SNAP unit U.S. citizens?  Yes  No

**Complete the following information for any non-citizens who are applying for SNAP benefits. If you need more room, attach another sheet of paper.**

Name	Age	Date Came to U.S.	Registration #
1.			
2.			
3.			
4.			
5.			

If there are any SNAP unit members who are not applying for benefits because they do not wish to provide proof of their immigration status, please list them below. **We will only ask questions about their income.**

Name (Last)	(First)	(MI)	Name (Last)	(First)	(MI)
1.			4.		
2.			5.		
3.			6.		



### Application for the Supplemental Nutrition Assistance Program (SNAP)

Check where you live:

- Rented apartment/house/trailer
- Own home/trailer
- Long term care facility
- Other (Please explain) \_\_\_\_\_
- Federally subsidized housing
- Hotel
- Supportive living facility
- Hospital
- Another person's home

The following two questions are optional. Answering the questions will not affect your benefits.

1. Are you Hispanic or Latino?  Yes  No
2. What is your race? (Select one or more)
  - American Indian/Alaskan Name  Asian  Black or African American
  - Native Hawaiian or Other Pacific Islander  White

Does the adult member of your household who will usually discuss your case with DHS speak English fluently?  Yes  No

Does the adult member of your household who will usually receive mail or written information from DHS read English fluently?  Yes  No

If you checked either one of the above questions "No", what language do you speak? \_\_\_\_\_

**SNAP Unit Members:**

Including yourself, how many people live with you? \_\_\_\_\_

Are you or anyone who lives with you age 60 or older?  Yes  No

Are you or anyone who lives with you blind?  Yes  No Disabled?  Yes  No

If yes, who: \_\_\_\_\_

Is this a refugee SNAP household?  Yes  No

Starting with yourself, please list everyone who is applying for benefits with you and show in the last box if the person(s) you have listed buys and prepares food with you.

Name	(Last)	(First)	(MI)	M/F	Birth Date	SSN	Relationship	Check your answer
1.							Self	Buy and prepare with you
2.								<input type="checkbox"/> Yes <input type="checkbox"/> No
3.								<input type="checkbox"/> Yes <input type="checkbox"/> No
4.								<input type="checkbox"/> Yes <input type="checkbox"/> No
5.								<input type="checkbox"/> Yes <input type="checkbox"/> No
6.								<input type="checkbox"/> Yes <input type="checkbox"/> No
7.								<input type="checkbox"/> Yes <input type="checkbox"/> No
8.								<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional persons, please attach a separate sheet of paper

Has anyone listed above:

- \* received SNAP benefits in the last sixty days?.....  Yes  No
- \* applied for or received SNAP benefits using a different name?.....  Yes  No
- \* been convicted of committing SNAP fraud?.....  Yes  No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_



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Is there anyone else living with you who is not applying for benefits? If yes, please list below:

<u>Name</u>	<u>Relationship to You:</u>
_____	_____
_____	_____
_____	_____

**Residence**

Do you live in Illinois?.....  Yes  No

Are you staying in a shelter, halfway house, or similar building which provides shelter?.....  Yes  No

Are you staying at someone else's place on a temporary basis?.....  Yes  No

(a) If yes, is this because you have no place to live and would otherwise be forced to live in a place such as a shelter or on the street?.....  Yes  No

(b) If "yes", are you related as a parent, child, or spouse, to anyone living in that home?.....  Yes  No

Are you staying in a place not normally used as a regular sleeping place, such as:  
a hallway, bus station, library, park, car, or on the street?.....  Yes  No

Are you a resident of: a group living facility?.....  Yes  No

a shelter for battered women and children?.....  Yes  No

a drug/alcohol treatment facility?.....  Yes  No

Do you pay someone else: (a) for a room?  Yes  No

(b) for your meals?  Yes  No

**Work Provisions**

Is each person age 18 through age 59 able to work?.....  Yes  No

Does anyone in the SNAP unit age 18 through age 49 go to school?.....  Yes  No

If yes, who: \_\_\_\_\_

Is anyone in the home needed to care for a person who is ill?.....  Yes  No

If yes, who: \_\_\_\_\_

Is anyone participating in a drug addiction/alcohol treatment program?.....  Yes  No

If yes, who: \_\_\_\_\_

Is anyone responsible for the care of a dependent child under age 6?.....  Yes  No

If yes, who: \_\_\_\_\_

List all persons age 18 through 59 who are unable to work because of a medical condition: \_\_\_\_\_

**Student Status**

Does anyone in your SNAP unit who is age 18 through 49 attend a school other than high school?  Yes  No

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Is the student(s) enrolled half time or more?..... Yes  No



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**Income from Work**

Has anyone stopped working in the last three months?  Yes  No If yes, what was the final pay date? \_\_\_\_\_

Is anyone in your SNAP unit on strike?.....  Yes  No

Has a member quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days?  Yes  No

If yes, who? \_\_\_\_\_ Why? \_\_\_\_\_

Is anyone self-employed? .....  Yes  No

Fill in all blanks for each member with a job. If a member has more than one job, list each job separately. Include self-employment.

Household Member	Employer/Source	Address	Gross Pay	Hours/Wk	How often Paid
1.			\$		
2.			\$		
3.			\$		
4.			\$		

(Attach another sheet of paper, if necessary)

**Other Income**

Does anyone receive income from any of the following sources? If so, check each one that applies and give complete information below:

- TANF (Temporary Aid to Needy Families)     Social Security     Unemployment Benefits
- Supplemental Security Income (SSI)     Employment     Aid from another State
- DCFS (for care of children)     Child Support     Money from friends/relatives (gifts/loans)
- Scholarships, student loans, grants     Roomers and/or boarders     Any other source of income (explain below)
- Pensions or Retirement Income or Trust Income     SSP (State Supplemental Payment to the Aged, Blind or Disabled)

Source of Income	Gross Amount	When Received	How Often	Person with Income
	\$			
	\$			
	\$			
	\$			

(Explain): \_\_\_\_\_

Does anyone pay a member of the SNAP unit for meals, a room, or both?  Yes  No

If Yes, complete the following:

Name of roomer/boarder: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ How often? \_\_\_\_\_



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**Dependent Care**

Does anyone in the SNAP unit pay for someone to care for a child or a disabled adult so you or they can accept or continue a job, comply with the department's employment & training requirements, or attend training or pursue education to prepare for a job?

Yes  No

If yes, who provides this care? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dependent's Name	Gross Amount	How often Paid	Does anyone pay this expense for you?
	\$		
	\$		
	\$		
	\$		

**Child Support**

Does anyone pay child support ordered by a court or an administrative order?.....  Yes  No

If yes, complete the following information.

Amount Due	How often Due	Amount Paid	Paid How Often	Payment is For
\$		\$		
\$		\$		
\$		\$		

**Housing Costs**

Complete the following for each housing expense that applies to your household.

Expense	Amount Due	How often Due	Cost Shared	Amount You Pay	Paid By Others
Rent:	\$			\$	\$
Mortgage:	\$			\$	\$
Taxes:	\$			\$	\$
Insurance:	\$			\$	\$
Lot Rent:	\$			\$	\$

If you rent, complete the following information:

Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Utility Expenses**

1. Did you receive a payment of \$21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?.....  Yes  No

2. If No, are you billed separately from your rent or mortgage for:  
Heat or air conditioning? .....  Yes  No

Excess cost for heat or air conditioning? .....  Yes  No

NOTE: Air conditioning is a window air or central air conditioning unit.



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Please complete the following information if you answered (No) to question 1 and are not billed for heat or air conditioning separately from rent or mortgage.

Expense	Amount	Cost Shared?	Amount You Pay	Paid By Others
Electricity	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Water and/or Sewerage	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Garbage	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Cooking Fuel	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Basic Phone Service (including cell phone)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Septic Tank Installation and Maintenance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Well installation and maintenance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
A fee for starting utility service (Specify what utilities you start)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
A flat amount for utilities (specify what utilities you pay)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

**Medical Deduction for Persons Disabled or Age 60 or Older**

If a SNAP unit member is disabled or age 60 or older your SNAP unit may be entitled to a Standard Medical Deduction. To get the Standard Medical Deduction, you have to prove you pay out of pocket monthly medical expenses of \$36 or more.

\*If you do not live in a group home the Standard Medical Deduction is \$245.

\*If you live in group home the Standard Medical Deduction is \$485.

Can you prove that you pay \$36 or more monthly in medical expenses?  Yes  No

If yes and you give us proof, we will allow the Standard Medical Deduction that applies to your household. If your monthly medical expenses that you pay are more than \$245/\$485 and you give us proof, we will allow your actual medical expenses.

**Approved Representative**

If you want someone other than the head of the SNAP unit to be able to complete the application process and/or use your benefits to buy food for the household, write that person's name and address below:

Name of Approved Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Number) (Street) (Apt #) (City) (State) (Zip Code)



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**Signature**

Please read pages nine and ten of this application for important information about required verifications, your rights, responsibility for reporting changes, and the penalty warning:

**By signing below, I swear or affirm, under penalty of perjury, the answers on this application are true and correct to the best of my knowledge.**

I have read, or have had read to me, the information about verifications, my rights, responsibility to report changes, and the penalty warning contained on pages eight and nine of this application. I understand the questions on this application and the penalty for hiding or giving false information or breaking of the rules listed in the penalty warning.

I understand that if approved for SNAP benefits and I receive more benefits than I am entitled to, whether it be an error on my part or an agency error, the amount of overpaid benefits is subject to recoupment/recovery.

- ✓ I declare under penalties of perjury that i have examined this form and all accompanying statements or documents pertaining to the income and resources of myself (the applicant) or any member of my family (the applicant's family) included in this application for aid, or pertaining to any other matter having bearing upon my (the applicant's) eligibility for aid, and to the best of my knowledge and belief the information supplied is true, correct, and complete.

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

Witness: (if signed with an "X"): \_\_\_\_\_ Date: \_\_\_\_\_

- You are (check one):  Head of SNAP unit or a SNAP unit member  
 The SNAP unit's approved representative (Note: Written authorization from the SNAP unit is required)

**\*\*\* Please keep pages nine and ten for reference. They contain important information. \*\*\***



**Application for the Supplemental Nutrition Assistance Program (SNAP)**

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## Application for the Supplemental Nutrition Assistance Program (SNAP)

### Important Information

#### Ask your caseworker to explain anything you do not understand.

Because the SNAP program requires a Social Security Number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by DHS.

#### What does DHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not have a SSN, we can help you apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other Federal assistance programs, and Federally assisted state programs, such as school lunch, TANF, and Medicaid. DHS secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of social security benefits, unemployment insurance, unearned income and wages from employment. When Information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a Social Security Number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

#### Why does DHS collect your Social Security Number?

DHS will only use your SSN for the purpose for which it was collected. DHS will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; publicly post or publicly display your SSN; print your SSN on any card required for you to access our services; require you to transmit your SSN over the internet, unless the connection is secure or your SSN is encrypted; or print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

#### Right to appeal.

A fair hearing may be requested either orally or in writing if there is a disagreement with any action taken on this case. The SNAP unit's case may be presented at the hearing by any person chosen by the SNAP unit.

#### Non-Discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, 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 DHS office 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (Ad-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to the USDA and provide 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 Assistant Secretary for Civil Rights  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

You may also write the Department of Human Services (DHS) at Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St, 2nd Floor, Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 1-866-324-5553 TTY/Nextalk, 711 TTY Relay.

DHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

#### Declaration Regarding Citizenship/Alien Status

I declare, under penalty of perjury, that the statements I have made regarding the citizenship or alien status of each person requesting assistance are true and correct. I understand that the alien status of each person requesting assistance who is not a citizen of the United States will be verified with the United States Citizenship and Immigration Services (USCIS). This will require the disclosure to USCIS of certain identifying information which I have provided. The information received from USCIS may affect eligibility for assistance and the benefit level.

I understand that documents may have to be provided to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of the person or organization the FCRC may contact to obtain the necessary proof. **The information on this form is subject to verification by Federal, State, and Local Officials. If any information is found to be inaccurate, I may be denied SNAP benefits, and/or be subject to criminal prosecution for knowingly providing false information.**



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I understand that a change that happens after the eligibility interview and before the notice of decision must be reported within 10 calendar days unless otherwise notified. If I have any doubt about whether to report a change, I will ask my Human Services caseworker.

<b>AT THE APPLICATION</b>	
<b>You Must Report</b>	<b>You must report and <u>verify</u>:</b>
Child care expenses	Medical expenses
Rent or mortgage payment, property taxes and insurance and utility expenses.	Child support paid to a non-SNAP Unit member

**Failure to report or verify above expenses will be seen as a statement by your SNAP Unit that you do not want to receive a deduction for the unreported expenses.**

Child support payments are subject to verification by computer matching with the records of the Division of Child Support Enforcement.

**Penalty Warning - What are the SNAP Program Penalties?**

If you.....	Then you will lose SNAP benefits
* Hide or give wrong information on purpose to get SNAP benefits	<p><b>* 12 months first time</b></p> <p><b>* 24 months the second time</b></p> <p><b>* Permanently the third time</b></p>
* Trade, steal or sell SNAP benefits, or resell food bought with SNAP benefits	
* Use SNAP benefits to buy non-food items like alcohol or tobacco.	
* Use someone else's SNAP benefits for yourself or someone else.	
* Throw away beverages purchased with SNAP benefits just to get money back from a container deposit.	
Trade SNAP benefits for controlled substance, such as drugs.	<p><b>* 24 months first time</b></p> <p><b>* Permanently the second time</b></p>
Trade SNAP benefits for firearms, ammunition or explosives.	<p><b>* Permanently</b></p>
Buy, sell, steal or trade SNAP benefits of more than \$500.00	<p><b>* Permanently</b></p>
* Give false information about who you are and where you live so you can get extra SNAP benefits.	<p><b>* 10 years</b></p>

You can also be fined up to \$250,000 and put in prison up to 20 years or both. In addition you may be barred from SNAP for an additional 18 months if court ordered. You can also be charged under other Federal Laws. Persons who are fleeing felons or probation/parole violators are ineligible for SNAP benefits.

# ILLINOIS VOTER REGISTRATION APPLICATION

Suggested January 2014

## FOR ILLINOIS RESIDENTS ONLY

## TO COMPLETE THIS FORM:

SBE R-19

### TO VOTE YOU MUST:

- Be a United States citizen  
Be at least 18 years old (some 17 year olds may vote in the General Primary)
- Live in your election precinct at least 30 days
- Not be convicted and in jail
- Not claim the right to vote anywhere else

### TO VOTE IN THE NEXT ELECTION:

- **Mail or deliver this application to your County Clerk or Board of Election Commissioners** no later than 28 days before the next election. [\(click here for County Clerk/Election Board listings\)](#) or go to <http://www.elections.il.gov>

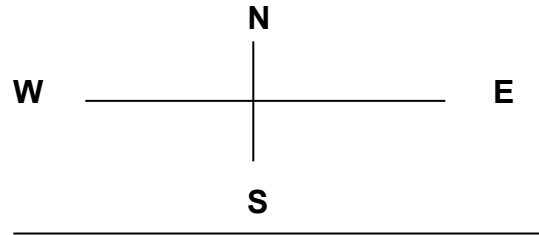
### IMPORTANT INFORMATION:

- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a voting place or by absentee ballot.
- If you change your name you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential as will any decision not to register.
- If you do not receive a Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

- Box 1-If you do not have a middle name, leave blank.
- Box 3-If mailing address is same as Box 2, write "same".
- Box 4-If you have never registered before, leave blank. If you do not remember your former address; provide as much information as possible.
- Box 5-If you have not changed your name, leave blank.
- Box 9-If you have an Illinois Driver's License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- 10-Read, date and personally sign your name or make your mark in the box.

### IF YOU HAVE NO STREET ADDRESS,

below describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbors' names.



**If you have questions about completing this form, please call the State Board of Elections at (217)782-4141 or (312)814-6440 (or [webmaster@elections.il.gov](mailto:webmaster@elections.il.gov)).**

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

<b>Are you a citizen of the United States of America? (check one) yes <input type="checkbox"/> no <input type="checkbox"/></b> <b>Will you be 18 years of age on or before the next election day OR are you currently 17 and will be 18 by the day of the next General Election? (check one) yes <input type="checkbox"/> no <input type="checkbox"/></b> If you checked "no" in response to either of these questions, then do not complete this form.				<b>Office Use</b>							
You can use this form to: (Check One) <input type="checkbox"/> apply to register to vote in Illinois <input type="checkbox"/> change your address <input type="checkbox"/> change your name											
1. Last Name		First Name		Middle Name or Initial		Suffix (Circle One) Jr. Sr. II III IV					
2. Address where you live (House No., Street Name, Apt. No.)				City/Village/Town		Zip Code		County		Township	
3. Mailing address (P.O. Box)				City/Village/Town, State				Zip Code		Email (optional)	
4. Former Registration Address: (include City and State and Zip Code)						Former County		5. Former Name: (if changed)			
6. Date of Birth: MM/DD/YY			8. Home telephone number including area code (optional)			9. ID number – check the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Sec. of State ID or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers.					
7. Sex (circle one) M      F			(      ) -								

10. Voter Affidavit – Read all statements and sign within the box to the right.

**I swear or affirm that**

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election (**or the next General Election**);
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.

Name of person assisting.	Full Address	Telephone No.
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