

**Georgia Senior Farmers' Market Nutrition Program**

**Affidavit of Income**



\_\_\_\_\_, 20\_\_\_\_  
Today's Date

I, \_\_\_\_\_, am providing this affidavit to verify my income level as one of the following categories;

- \$ 19,240 or less annually for a one person household
- \$25,900 or less annually for a two person household
- \$32,560 or less annually for a three person household
- \$39,220 or less annually for a four person household
- \$45,880 or less annually for a five person household
- Other \_\_\_\_\_  
please specify annual income and household size

Income that meets the above listed criteria is 185% or less than the Federal Poverty  
**SOURCE:** USDA Memo Issuance 4/2/2008(Effective from July 1, 2008 to June 30, 2009)

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

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