
Affidavit/No Proof Form



Applicant/Participant Name: _____ CID: _____

WIC Family ID (FID) #: _____

Note: This form is valid for one certification period only. A reassessment shall be done at each certification.

Proof of Income
I declare my total gross income is \$ _____ per _____ (week/2 weeks/month/year) <i>Check the reason no proof is available:</i> I cannot provide proof of income because I am: <input type="radio"/> A Disaster Victim <input type="radio"/> Homeless <input type="radio"/> A Migrant Farm Worker <input type="radio"/> Paid in Cash <input type="radio"/> Have Zero Income <input type="radio"/> Other: _____
Proof of Address/Residency
I declare my current address is: _____ _____ <i>Check the reason no proof is available:</i> I cannot provide proof of income because I am: <input type="radio"/> A Disaster Victim <input type="radio"/> Homeless <input type="radio"/> A Migrant Farm Worker <input type="radio"/> Other: _____
Proof of Identity
I attest to identity of the following individual: _____ <i>Check the reason no proof is available:</i> I cannot provide proof of identity because I am: <input type="radio"/> A Disaster Victim <input type="radio"/> Homeless <input type="radio"/> A Migrant Farm Worker <input type="radio"/> Other: _____

Please Read and Sign

I understand that by completing, signing and dating this form, I am certifying that the information I have provided is true and correct. I understand that if I give false information on purpose it is considered fraud and abuse of the program and that may subject me to disqualification and/or civil or criminal prosecution under the State and Federal law.

Applicant/Participant Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

This institution is an equal opportunity provider.