



Utah Senior Farmers Market Nutrition Program

Self-Declaration Form 2025

To be completed by the participant - please print		
Name:	Address:	Apartment #:
City:	State/Zip Code:	County:
Home Phone:	Cell Phone:	Email:
Primary Language:	Date of Birth (DD/MM/YYYY):	
Sex: Female ____ Male ____ Other ____		

To participate in the Utah Seniors Farmers' Market Nutrition Program, a person must be at least 60 years of age with an income at or below 185% of the annual poverty income guidelines.

I certify that:

- ☐ I am 60 years of age or older
- ☐ My monthly income is at or below the federal income guidelines to qualify for the Seniors Farmers' Market Nutrition Program (consult the table below)
- ☐ I have not yet received SFMNP coupons this year (2025)

Signature (Participant)

Date

Race and Ethnic Data

This information is for record keeping purposes only. It does not affect your eligibility.

Are you Hispanic or Latino? Yes ☐ No ☐

What is your race (mark all that are applicable)?

Asian ☐

White ☐

Black or African American ☐

American Indian or Alaskan Native ☐

Native Hawaiian or Pacific Islander ☐

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Income Eligibility Guidelines - Reduced price meals - 185%					
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Each add'l family member add	+ \$10,175	+ \$848	+ \$424	+ \$392	+ \$196

For SFMNP Program Staff Use Only

Market/Site Name: _____

Participant ID (first + last name initials + 8 digit birthday):
