



No proof form

Complete this form if no proof of income, residence or identity is available.

This form must be signed and dated by the applicant or participant and a WIC staff member.

Applicant/participant name(s)

WIC family ID number

Proof of income

I declare my total gross household income is:

\$ _____ per _____

Check the reason no proof is available:

- I did not bring proof of income today. The income information I am declaring is correct. I must bring proof of our household income within 30 days of today or my certification will end, and I will not get any more WIC benefits.

- I cannot provide proof of income because I am:
 - A disaster victim
 - Homeless
 - Paid in cash
 - A migrant farm worker
 - Have zero income
 - Other _____

Proof of address/residence

I declare my current address is: _____

Check the reason no proof is available:

- I did not bring proof of address today. The address information I am declaring is correct. I must bring proof of our address within 30 days of today or my certification will end, and I will not get any more WIC benefits.
- I cannot provide proof of address because I am:
 - A disaster victim
 - Homeless
 - Paid in cash
 - A migrant worker
 - Other _____

Proof of identity

Check the reason no proof is available:

- I did not bring proof of identity for _____ today. I must bring proof of identity within 30 days of today or my certification will end, and I will not get any more WIC benefits.

- I cannot provide proof of address because I am:
 - A disaster victim

 - 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 correct. I understand that if I give false information on purpose it is considered abuse of the program and I may be required to pay back WIC for the amount of my WIC food benefits.

Applicant/participant signature

Date

Staff signature

Date

If you need this in an alternate format, please call 971-673-0040.

WIC is an equal opportunity program and employer.