

Iowa Senior Farmers Market Nutrition Program (SFMNP) 2026 Application

RETURN COMPLETED APPLICATION TO:

NEI3A – Farmers Market
201 Tower Park Drive, Suite 100
Waterloo, IA 50701

Eligible seniors may receive \$50 in vouchers only once per year. Vouchers can be used only to buy fresh produce and raw honey from certified farmers at authorized farmers markets and farmstands. To get vouchers, you must submit a complete application every year. Only one application is allowed per person. You must be at least 60 years old at the time you apply. Please review the income eligibility guidelines below before submitting your application.

Household size	Annual household income [†] is less than	Household size	Annual household income is less than
1	\$29,526	3	\$50,542
2	\$40,034	4 [‡]	\$61,050

[†]Total gross income before taxes and deductions.

[‡]Increase the income limit by \$10,508 for each additional person after a household size of 4.

START HERE – Print in black ink

<p>1. First Name</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>2. Last Name</p> <input style="width: 95%; height: 25px;" type="text"/>								
<p>3. Date of Birth (mm/dd/yy)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;">/</td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;">/</td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table>				/			/		
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<p>4. Mailing Address (include apartment or unit number if applicable)</p> <input style="width: 95%; height: 30px;" type="text"/>		
<p>5. City (Iowa residents only)</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>6. Zip</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>7. County of Residence</p> <input style="width: 95%; height: 25px;" type="text"/>
<p>8. Email</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>9. Primary Phone</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>10. Alternate Phone</p> <input style="width: 95%; height: 25px;" type="text"/>

<p>11. What is your Ethnicity? (select one)</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>12. What is your Race? (select one or more)</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<p>13. What is your household size?</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____ Write in household size if more than 4	<p>14. What is your annual household income?</p> <input type="checkbox"/> \$29,596 or less <input type="checkbox"/> \$29,597 - \$40,034 <input type="checkbox"/> \$40,035 - \$50,042 <input type="checkbox"/> \$50,043 - \$61,060 <input type="checkbox"/> _____ Write in income if more than \$61,060

Proxy Designation (Optional): If you wish to designate a proxy to use SFMNP vouchers on your behalf, provide their information below. If not, skip this section. A proxy is an individual authorized to use SFMNP vouchers on behalf of an eligible senior participant. You do not have to designate your spouse as a proxy.

16. Full Name of Proxy

17. Phone number of Proxy

18. Relationship to the Proxy

20. Please read or have the following information read to you.

I have been advised that obtaining SFMNP benefits from more than one service delivery area is illegal. Each eligible senior may only receive one \$50 SFMNP benefit per year.

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision the local agency made regarding my SFMNP eligibility.

If I listed a proxy above, I authorize that person to pick up and use my vouchers to buy eligible foods for me. I understand I must ultimately receive the eligible foods.

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Signature of Applicant	Date

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

or fax: (833) 256-1665 or (202) 690-7442;
or email: Program.Intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

The Washington, DC address above is ONLY for USDA civil rights (program discrimination) complaints. Do not mail, email or fax your application there.