**2024 Senior Farmers’ Market Proxy Authorization**

**Proxy (representative) should take this completed form with them to the distribution site.**

**\*\*Vouchers cannot be issued without the completed form, including the signature of the applicant.\*\***

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code \_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# in Household \_\_\_\_\_\_\_\_\_\_\_ Monthly Household Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason applicant is unable to attend the distribution themselves:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I am authorizing the person listed below (proxy) to apply for vouchers on my behalf. This information may be used to verify delivery of the vouchers.*

|  |
| --- |
| **Proxy Information**  |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(street address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city, state, and ZIP code) | Phone Number(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Applicant*** ***Signature***  *(****NOT*** *Proxy)* *Date*

* All vouchers are distributed on a first come; first served basis.
* Please note: authorizing a proxy does not guarantee vouchers will be available. Only one set of vouchers ($45) per qualifying individual per year.

SFMNP 2024>Forms>proxy authorization form – 2024