

**Authorization to claim SFMNP Checks for another person**  
**An eligibility agreement form will also need to be filled out on the day of distribution**

I, \_\_\_\_\_, hereby authorize  
 \_\_\_\_\_, to claim (be issued) checks on my behalf.  
(person who will be using/benefiting from the checks) (person that is picking the checks up)

I further certify that the information provided below is true and accurate to the best of my knowledge.

Name of person who will be using the checks:		
Date of Birth:	Phone #:	
Address:		
My income level is (circle one):		
Household Size	Monthly Income	Annual Income
1	\$1,986	\$23,828
2	\$2,686	\$32,227
3	\$3,386	\$40,626
4	\$4,086	\$49,025
5	\$4,786	\$57,424
For each additional household member, add <b>\$691</b> monthly, <b>\$8,288</b> annually.		
Signature:		Date: