



ARIZONA WIC PROGRAM
Statement of Documentation

Participant Name: _____

Non-existing Documentation

For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire Certification period:

Income

For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:

I declare my total gross household income is \$ _____ Per

- Week, Every other week, Month, Year

Reason for inadequate or no documentation: _____

Address or Identification

For Applicants or Authorized Representatives who do not have documentation of address and/or identification because the documentation does not exist:

Address is: _____

Reason for no proof of address or identification: _____

Zero Income

For Applicants or Authorized Representatives with ZERO income. I declare my total gross household income is ZERO.

I am getting food and housing from: _____

I, _____, verify the above information is correct. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.

Authorized Representative Signature _____ Date _____

WIC Staff Signature _____ Date _____