Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)

Applicant's Statement of Farm/Self-Employed

Period from: Month/Date/Year_____ To: Month/Date/Year _____

Name_____ Name of Business_____

Address of Business_____ Type of Business_____

Complete Section A if the individual is self-employed. Complete Section B if the individual is a self-employed farmer.

Net Income Determination
Section A: Self-employed

1. Gross Receipts
   a. Total dollar amount of goods sold or services rendered by the business ..... _____
2. Operating Expenses
   a. Cost of goods purchased ..... _____
   b. Rent ..... _____
   c. Heat ..... _____
   d. Utilities ..... _____
   e. Depreciation ..... _____
   f. Wages/salaries paid ..... _____
   g. Business tax (not personal income tax) ..... _____
   h. Other operating expenses ..... _____
   i. Total operating expenses (add items 2a through 2h) ..... _____
3. Total Net Income (subtract item 2i from 1a) ..... _____

Section B: Self-employed/Farmer

1. Gross Receipts
   a. Value of all products sold ..... _____
   b. Money received from rental of farmland, building, or equipment to others ..... _____
   c. Incidental receipts from the sale of items such as wood, sand, or gravel ..... _____
   d. Total Gross Receipts (add 1a through 1c) ..... _____
2. Operating Expenses
   a. Cost of feed, fertilizer, seeds, and other farming supplies ..... _____
   b. Cash wages paid to farmhands ..... _____
   c. Depreciation ..... _____
   d. Cash rent ..... _____
   e. Interest on farm mortgages ..... _____
   f. Farm building repairs ..... _____
   g. Farm taxes (Do not include state or federal income taxes) ..... _____
   h. Other operating expenses ..... _____
   i. Total Operating Expenses (add 2a through 2h) ..... _____
3. Total Net Income (subtract item 2i from 1d) ..... _____

By signing this form, I affirm that the information is an accurate statement of income. I understand that if I deliberately omit or give false information that this applicant and/or members of her/his household can be removed from WIC, or criminally prosecuted, or both.

_____ _____

The WIC Program receives funds from the United States Department of Agriculture (USDA). USDA policies prohibit discrimination based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**

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

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

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TEXAS Health and Human Services | TEXAS WIC

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