

**Proxy Form Senior Farmers Market Coupons
2020**

Number family members	Annual Income
1	\$ 23,606
2	\$ 31,894
3	\$ 40,182
4	\$ 48,470
5	\$ 56,758
6	\$ 65,046
7	\$ 73,334
8	\$ 81,622
Each additional member add:	\$ 8,288

_____ **I AM OVER 60 YEARS OF AGE OR RECEIVE SOCIAL SECURITY DISABILITY INCOME**

_____ **I EARN LESS THAN THE INCOME STATED ABOVE**

_____ **I AM A RHODE ISLAND RESIDENT**

_____ **I HAVE NOT RECEIVED COUPONS THIS YEAR**

By signing this form, I acknowledge that I have read and understand the Senior Farmers Market Application Requirements and meet the guidelines stated above.

**I give permission for _____
To sign to receive Farmers Market Coupons for me, as I am unable to pick them up myself**

Sign _____ Date _____