

APPLICATION - DECLARATORY STATEMENT OF ELIGIBILITY

FOR AGENCY USE ONLY: AGENCY \_\_\_\_\_ PARISH \_\_\_\_\_
AGENCY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

All pre-registering households must complete an Application/Declaratory Statement of Eligibility. An application must be approved and on file in order for the household to receive commodities. This application expires on June 30th every year, but may be extended for an additional, consecutive two years provided the renewal form on the back of the original application is properly completed, approved and signed by all parties.

NAME (Head of Household) ADDRESS
( ) TELEPHONE CITY STATE ZIP

- 1. I certify that I am a resident of the parish listed above.
2. I certify that there are \_\_\_ number of persons in my household and that my household is eligible to receive USDA Commodities because (check A or B): (CHECK ONLY ONE)
a. [ ] The combined gross income of all persons in my household is \_\_\_\_\_ per \_\_\_\_\_ (week, month, year).
b. [ ] I receive (circle one) Special Nutrition Assistance (SNAP), TANF, or Supplemental Security Income.
3. I understand that my household shall only receive donated foods under this application as distributed by this agency.
4. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.
5. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
6. I understand that food received under this program is for my household consumption ONLY.
7. I certify that I will contact the agency listed above should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
8. I understand that I may only receive USDA commodity food from one food pantry.
9. I certify that the above information is true and correct.

SIGNATURE OF PERSON FILING APPLICATION AUTHORIZED REPRESENTATIVE TO PICK UP FOOD

DATE

Application Denied Because: \_\_\_\_\_ Income too high
\_\_\_\_\_ Other (Explain)

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
(2) Fax: (202) 690-7442; or
(3) Email: program.intake@usda.gov

Washington, D.C. 20250-9410;

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