

In order to determine your eligibility for the Food Distribution Program, you need to provide proof of income for the past 30 days prior to the date of your application. If you had zero income for the past 30 days or are currently claiming zero, please answer the following questions:

What was the total income for all members of your household for the past 30 days?

Do you pay any rent or utility bills?	' Yes	No	
Do you pay for your housing?	Yes	No	

Have you or any members in your household applied for any benefits/programs?

Unemployn	nent
SSI	
Social Secu	irity
TANF	
General As	sistance
Child Supp	ort
Plea	se identify any other source of income you may receive.
NONE	

If you would like to be referred to any of these agencies, please let us know and we can provide the information.

I hereby certify that the information that I have provided accurately represents the total income for all members of my household. I understand that I must report any changes in household size, income and/or resources within <u>10 days</u> of the date the changes become known. I understand that if I fail to report a change and, as a result, receive commodities that my household was not entitled to, a monetary claim may be filed against my household.

Signature ____

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

This institution is an equal opportunity provider.

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: <u>https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</u>, 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: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:**(833) 256-1665 or (202) 690-7442; or **email:**program.intake@usda.gov