

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 \_\_\_\_\_

Homeless Seniors (65+) Adults (18-64) Children (0-17)

- 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 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)

It is the policy of this agency to ensure equal opportunity in all aspects of its programs and services without regard to race, color, national origin, age, sex or disability.

# APPLICATION – DECLARATORY STATEMENT OF ELIGIBILITY (renewal form)

*Renewal form of the declaratory statement may not be used if the client did not apply to receive USDA product during the year following the previous application period. (Example: If John Smith applies for and receives food any time from July 1, 2004 through June 30, 2005, but does not request assistance from July 1, 2007 through June 30, 2008, he must complete a new application the next time he requests assistance.)*

Client's Signature indicates that he/she has read and understands all information on the Application/Declaratory Statement of Eligibility and certifies that all information provided is correct.

Date	Print Name, Address, Phone	Number in Household	Assistance	Combined Gross Income	Signature
		___ Total <b>LANAIP:</b> ___ Children (0-17) ___ Adults (18-64) ___ Seniors (65+)	<b>(Circle One)</b> SNAP Supplemental SSI TANF	\$_____ <b>(Circle One)</b> Week Month Year	_____ Client
Application received by: _____ Date: _____ <b>Circle One: Accepted    Denied:</b> _____					_____ Authorized Representative
Date	Print Name, Address, Phone	Number in Household	Assistance	Combined Gross Income	Signature
		___ Total <b>LANAIP:</b> ___ Children (0-17) ___ Adults (18-64) ___ Seniors (65+)	<b>(Circle One)</b> SNAP Supplemental SSI TANF	\$_____ <b>(Circle One)</b> Week Month Year	_____ Client
Application received by: _____ Date: _____ <b>Circle One: Accepted    Denied:</b> _____					_____ Authorized Representative

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