

Commodities Paper Application

Contact Information

Please Print

Last Name
First Name
Middle Initial
Address
City
State
Zip
Phone Number
Number in HouseHold

Eligibility Receive Commodities

Eligibility may be established by showing proof of the following (Check all that apply)

<input type="checkbox"/>	(FS)	SNAP (Food Stamps)
<input type="checkbox"/>	(FF)	Families First
<input type="checkbox"/>	(SSI)	Supplemental Security Income
<input type="checkbox"/>	(LIHEAP)	Low Income Home Energy Assistance Program
<input type="checkbox"/>	(PH)	Residence in public housing

OR

Self-Declaration of Income

Total amount of household income is below 150% of the current federal poverty income level.

\$ Household Income

Income Period (Check one only)

<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Annually

Authorized Names of who may pickup your Commodities

Maximum of 3

Applicant Signature

Intake Signature & Date (UCHRA Employee Only)

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and do____ or do not____ agree that the information contained in my application may be shared with other agencies from which i seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable for prosecution under applicable criminal laws.

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