

APPLICATION - DECLARATORY STATEMENT OF ELIGIBILITY

FOR AGENCY USE ONLY: AGENCY God's Food Pantry Desoto PARISH

AGENCY REPRESENTATIVE Sue Fields 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. **This Application Can Not Be Processed Without PROOF OF INCOME**

NAME (Head of Household) _____

PHYSICAL ADDRESS _____

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TELEPHONE _____

CITY _____ STATE _____ ZIP _____

Social Security Number (Optional) _____

Seniors (65+) _____

Adults (18-64) _____

Children (Under 18) _____

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) Food Stamps, AFDC, 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 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.