

APPLICATION FOR USDA DONATED FOODS

Name: _____ Spouse: _____
(last name, first, middle int.) (first name)

Street Address: _____ Phone number: _____

City: _____ County: _____

Date of Birth _____ Race _____ Gender (M or F) _____

I understand that disclosure of the following information is voluntary and is not a requirement to receive USDA foods. The information will be used only for Results Oriented Management Accountability (ROMA) requirements of the Community Services Block Program (CSBG):

Housing: Own _____ Rent _____ Other _____ Source of Income _____

Family Type: Single Parent _____ Single Person _____ Two parent household _____

Two Adult/no children _____ Other _____

Sources of income include earnings from Work, TEA, Social Security, SSI, Unemployment, VA, Worker's Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. I am not receiving USDA foods from another source.

Person must provide a statement from HH if providing info.

I certify all information provided is true and correct.

[Signature of Household (HH) or Authorized Rep. (AR)]

	House hold Size	Monthly Income	I.D. Viewed	Begin & Ending dates of Cert. Month & Year	Today's Date Mo./day/Yr.	Agency Initial
A.						
B.						
C.						
D.						
E.						
F.						

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