THE EMERGENCY FOOD ASSISTANCE PROGRAM

Declaratory Statement/Inventory Control

Organization: _____

I, the undersigned, affirm and declare all of the following:

1. The income of my household does not exceed the monthly Income Guidelines below (130% of the Federal Poverty Level).
2. I will use USDA commodities for home consumption only.
3. I will not sell, barter, or inappropriately utilize USDA commodities in any manner.
4. I will not attempt to receive the same type of USDA commodities from more than one organization during any given month.
5. I understand that anyone who willfully and/or intentionally makes a false statement, conceals or withholds information in order to receive food they are not eligible to receive may be subject to prosecution, ineligibility penalties and restrictions.

Eligibility (complete BEFORE Distributing food packages to Household).		
Signature of household member or authorized Representative *Read above statements 1-5 before signing	**Household Address**	**Household Size**

This institution is an equal opportunity provider.