

Commodities Application

Contact Information

Please Print

Last Name _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____ TN _____

Zip _____

Phone Number _____

Number in HouseHold _____

Email Address (Not Required) _____

Authorized Names of who may pickup your Commodities

Maximum of 3

Applicant Signature

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.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. This institution is an equal opportunity provider.

Instruction

After filling out this application email or take to your local UCHRA office.

Eligibility to Receive Commodities

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

(FS) SNAP (Food Stamps)

(FF) Families First

(SSI) Supplemental Security Income

(LIHEAP) Low Income Home Energy Assistance Program

(PH) Residence in public housing

OR

Self-Declaration of Income - Total amount of household income is below 185% of the current federal poverty income level.

\$ _____

HouseHold Income

Income Period (Check one only)

Weekly

Monthly

Annually

Select County you wish to receive Commodities (Check one only)

____ Cannon ____ Overton

____ Clay ____ Pickett

____ Cumberland ____ Putnam

____ DeKalb ____ Smith

____ Fentress ____ Van Buren

____ Jackson ____ Warren

____ Macon ____ White

Intake Signature & (UCHRA Employee Only)

Application Date