

If client does not have proof of participation in any of the above programs he or she must complete and sign a self-declaration income statement a showing that the total amount of household income is below 150%(TN) of the current income poverty guidelines, using the USDA Household Eligibility Scale

Self-Declaration Income Statement

Total Household Income: _____ Yearly Monthly Weekly

I certify that the information and income listed is true and correct, that I received food assistance, and that no other member of my household has applied for and received food during this distribution. I understand that misrepresentation of need, or sale, or exchange of food is prohibited.

Signature of Head of Household _____ Date_____

THIS PROGRAM IS AVAILABLE TO ALL ELIGIBLE RECIPIENTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION, OR HANDICAP.

SFHFP USE ONLY

*Dated Completed:*_____ *Initials*_____

*Approved Date:*_____ *Initials*_____