

FOOD DISTRIBUTION PROGRAM ZERO INCOME FORM

In determining your eligibility for the Quileute Food Distribution Program, you must provide proof of income for the 30 days prior to the date of application. If you had zero income for the past 30 days, you must please answer the following questions:

1. What was the total income for your household for the past 3 months? _____
2. How do you pay your utility bills? _____
3. How do you pay your rent? _____
4. How do you get food for your household? _____
5. Are you receiving income from friends or family? _____ How much? _____
6. Are you looking for work? _____
7. Have you applied for PA or GA? _____
8. If you are residing with others (such as family or friends), do you purchase, prepare, and eat your food separately?

I hereby certify that the information that I have provided accurately represents the total income for each member of my household (18 years and older). **I understand that I must report changes in household size or composition; increases in gross monthly income of more than \$100; changes in residence and/or address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support to the Food Distribution Office within ten calendar days after the change becomes known to the household.**

Signature: _____

Date: _____

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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