

FOOD DISTRIBUTION PROGRAM ZERO INCOME FORM

In determining your eligibility for the 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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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

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