KY-FD-30-FB
(Rev. 03/09)

COMMODITY APPLICATION REGISTER
KENTUCKY DEPARTMENT OF AGRICULTURE, DIVISION OF FOOD DISTRIBUTION

1. Month/Year: _____

2. Agency: _____

Address:_____

City: _____Zip:_____

County:_____

3. Agency Rep:_____

4. APPLICANTS – PLEASE READ

I certify that my monthly gross household income is at or below the guideline listed in column 5 based on the number in my household. I also certify that, as of today, my household lives in the geographic area served by this Kentucky Emergency Food Assistance Program agency as determined by the administering Food Bank and that I have not previously participated in the Program this month. This form is being completed in connection with the receipt of Federal assistance. I understand that making false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

5. Household Size_____	Income Per Month
1.....	$1,174
2.....	$1,579
3.....	$1,984
4.....	$2,389
5.....	$2,794
6.....	$3,200
7.....	$3,605
8.....	$4,010
Each additional family member	+ $406

6. Check Distribution Rate Used:
____ Monthly
____ Bi-Monthly
____ Quarterly

7. Denial Code:
01 - Excess Income
02 - Previously Participated (Same Month)
03 - Not a Resident of Area

8. Issue Date	9. Applicant's Name (Print)	10. Address	11. # in House-hold	12. Denial Code	13. Applicant/Authorized Signature

Number of Household Denied: _____ Number of Households Approved: _____

This facility is operated in accordance with U.S. Department of Agriculture Policy, which prohibits discrimination on the basis of race, color, national origin, age, sex and disability.

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