

**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 _____  1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... Each additional family member	Income Per Month \$1,127 \$1,517 \$1,907 \$2,297 \$2,687 \$3,077 \$3,467 \$3,857 + \$390	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
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8. Issue Date	9. Applicant's Name (Print)	10. Address	11. # in Household	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.**



