



APPLICATION – DECLARATORY STATEMENT OF ELIGIBILITY – ATTACHMENT 4A

For Agency Use Only:

AGENCY: _____ **PARISH:** _____

AGENCY REPRESENTATIVE: _____ **DATE:** _____

All pre-registering households must complete an Application/Declaratory Statement of Eligibility. An application must be approved and on file in order for the household to receive USDA Foods. This application expires on June 30th every year, but may be extended for an additional, consecutive two years provided the renewal form on the back of the original application is properly completed, approved, and signed by all parties.

NAME (Head of Household): _____

TELEPHONE: _____

1. I certify that I am a resident of the parish listed above.
2. I certify that there are ____ number of persons in my household and that my household is eligible to receive USDA Foods because (check A or B): (CHECK ONLY ONE)
 - a. The combined gross income of all persons in my household is _____ per _____ (week, month, year).
 - b. I receive (select one): TANF, FITAP, or Supplemental Security Income.
3. I understand that my household shall only receive donated foods under this application as distributed by this agency.
4. I understand that I may be prosecuted under current laws for accepting food for which I am not eligible.
5. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
6. I understand that food received under this program is for my household consumption ONLY.
7. I certify that I will contact the agency listed above should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
8. I understand that I may only receive USDA Foods food from one food pantry.
9. I certify that the above information is true and correct.
10. I am an undocumented person.



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Number in Household	_____ Children ages 0 – 17
	_____ Adults 18 – 64
	_____ Senior Adults 65+ Homeless

SIGNATURE OF PERSON FILING APPLICATION: _____

AUTHORIZED REPRESENTATIVE TO PICK UP FOOD: _____

DATE: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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See The Emergency Food Assistance Program (TEFAP) Handbook for application submission instructions.

FOR OFFICE USE ONLY:

APPLICATION DENIED BECAUSE:

INCOME TOO HIGH

OTHER: