

USDA Application and Registration

FY2010

Food Bank of Alaska
2121 Spar Avenue
Anchorage, AK 99501
Phone 272-3663 Fax 277-7368

AK DL

Please print names of all household members, applicant first!! Date _____, 20__

- | | |
|------------------------------------|-------------------------------------|
| 1. Last _____ First _____ MI _____ | 7. Last _____ First _____ MI _____ |
| 2. Last _____ First _____ MI _____ | 8. Last _____ First _____ MI _____ |
| 3. Last _____ First _____ MI _____ | 9. Last _____ First _____ MI _____ |
| 4. Last _____ First _____ MI _____ | 10. Last _____ First _____ MI _____ |
| 5. Last _____ First _____ MI _____ | 11. Last _____ First _____ MI _____ |
| 6. Last _____ First _____ MI _____ | 12. Last _____ First _____ MI _____ |

Residence Address _____

Mailing (if different) _____ City _____ State _____ Zip _____

Number in Household _____ Phone _____

Household Size/Maximum Household Benefits						
#	Monthly	Yearly	#	Monthly	Yearly	
1	\$2,086	\$25,031	7	\$8,415	\$76,979	
2	\$2,808	\$33,699	8	\$7,137	\$85,637	
3	\$3,529	\$42,347	9	\$7,859	\$94,295	
4	\$4,251	\$51,005	10	\$8,581	\$102,953	
5	\$4,972	\$59,663	11	\$9,303	\$111,611	
6	\$5,694	\$68,321	12	\$10,025	\$120,269	
For each additional family member, add:				+\$722	+\$8,658	

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA commodities according to current income guidelines.

COMMODITIES CAN ONLY BE RECEIVED FROM ONE USDA AGENCY IN ANY GIVEN MONTH.

Applicant Signature: _____

For intake workers use only: Please print!!

Agency number: _____
 Verification of address: Yes _____ No _____ Verification of Income: Yes _____ No _____
 Food Stamp Card: Yes _____ No _____

Interviewer (please print): _____