**TEFAP COMMODITY APPLICATION REGISTER/DAILY ROSTER**

APPLICANTS – PLEASE READ: I certify with my signature that my monthly gross household income is true and correct, my household resides in Tennessee, 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. The USDA foods I receive may not be sold, exchanged, or used inappropriately

Month/Year: _____

Agency: _____

Address:_____

City: _____Zip:_____

County:_____

Agency Rep:_____

If this form is also used to determine eligibility, an applicant may self-declare income or show proof of participation in one of the following means-tested programs: SNAP (Food Stamps), Families First (FF), Supplemental Security Income (SSI), Low Income Home Energy Assistance Program (LP), or documented residence in public housing (PH).

AGENCY REP: If applicant shows proof of participation in one of the means-tested programs listed above, the agency rep should write code in appropriate column using one of the following Program Codes: SNAP, FF, SSI, LP, or PH.

Check Distribution Rate Used:
____ Monthly
____ Bi-Monthly (every other month)
____ Quarterly

Agency Rep: If applicant is determined to be ineligible, note with an "X" in the "Issue Date" column.

| Issue Date | Applicant's Name (Print) | Address | # in House-hold | Self-declared income or program code | Applicant/Authorized Signature |
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Number of Household Denied: _____ Number of Households Approved: _____

**In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. This institution is an equal opportunity provider.**