

Of One Accord Ministry Locations

Emergency Services
Church Hill Shopping Center
Church Hill, TN. 37642
357-7228

Shepherd's Corner, Rogersville
306 E. Main St.
Rogersville, Tn. 37857
272-4646

Shepherd's Corner, Sneedville
Jail Street
Sneedville, Tn. 37869
733-1505

USDA SELF DECLARATION APPLICATION—Effective July 2016-2017

USDA's Food Assistance is available to all eligible recipients regardless of race/color/national origin/age/or handicap

HOUSEHOLD NAME AND ADDRESS: _____

Number of Persons in Household _____ Total Household Income (complete only one)

\$ _____ Per Week \$ _____ Per Month \$ _____ Per Year

ELIGIBILITY CRITERIA TABLE

- A. _____ Proof of current participation in the Food Stamp Program /or/ B. _____ Proof of current participation in Families First /or/
 C. _____ Proof of current receipt of Supplemental Security Income/or/ D. _____ Proof of residence in Public Housing /or/
 E. _____ Proof of current participation in Low Income Home Energy Assistance /or/ F. _____ Completion of a Self-declaration income statement showing that the total amount of household income is below 125% of the current poverty guidelines using the scale below:

Declaration:

I certify that the information given here is true and correct. I understand that misrepresentation of need or sale, or exchange of USDA commodities is prohibited and could result in a fine, imprisonment or both. I give Of One Accord, Inc. permission to verify any information through the Department of Human Services or Neighborhood Service Center.

Signature of Household Member

Date

HOUSEHOLD SIZE	HOUSEHOLD ELIGIBILITY SCALE-150% OMB Poverty Guidelines		
	PER YEAR	PER MONTH	PER WEEK
1	\$17,820	\$1,485	\$343
2	24,030	2,003	462
3	30,240	2,520	582
4	36,450	3,038	701
5	42,660	3,555	820
6	48,870	4,073	940
7	55,095	4,591	1,060
8	61,335	5,111	1,180
EACH ADDITIONAL FAMILY MEMBER +	6,240	520	120