

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 ____ Quarterly Agency Rep: If applicant is determined to be ineligible, note with an “X” in the “Issue Date” column.
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Date	Applicant's Name (Print)	Address	Phone	Age 0-17	Age 18-59	Age 60+	Self- declared income or program code	Applicant/Authorized Signature

Number of Household Denied: _____ Number of Households Approved: _____

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