



HOOPA VALLEY TRIBE
FOOD DISTRIBUTION PROGRAM
ZERO INCOME FORM

In determining your eligibility for Food Distribution Program, you must provide proof of income for 30 days prior to the date of application if you had zero income for past 30 days, you will need to answer the following questions.

- 1) What was the total income for your household for past 30days?

- 2) How do you pay your utility bills? _____
- 3) How do you pay your rent? _____
- 4) How do you get food for your household? _____
- 5) How do you pay for personal items? _____
- 6) Are you receiving income from friends or family? _____
- 7) Are you looking for work? _____
- 8) Have you applied for (Public Assistance) PA or (General Assistance) GA? _____
- 9) If you are residing with others (such as family or friends), do you purchase, prepare and eat your own food separately

I hereby certify that the information that I provided accurately represents the total income for each member of my household (meaning 18yrs or older)

Signature: _____ Date _____

HOOPA FOOD DISTRIBUTION PROGRAM
P.O. BOX 498
HOOPA, CA 95546
PHONE (530)625-4646 FAX (530)625-4717

Report Change Form



Use this form to report any of the following changes in your household circumstances:

1. Changes in your total income if the change results in your income being over \$50.00 per month
2. Changes in the number of people in your household.
3. Increase in your household's resources.
4. You can also use this form to report changes in the cost of caring for children or disabled adults.
5. Report your Address Change

You must report these changes within 10 days of the time you learn of them.

If you purposely hold back information about changes in your household that result in you receiving commodities you are not eligible for, you will owe the program the value of any extra commodities you receive as a result.

If income changes:

You must tell us if the total income received by your household goes up over \$50.00 per month.

Name:	Income Source	Amount received	How often received
_____	_____	_____	_____
_____	_____	_____	_____

If anyone moves in or out of your home:

Name:	Entered or left HH	Birth Date	Social Security#
_____	_____	_____	_____
_____	_____	_____	_____

If dependent care cost goes up:

To Whom:	New amount:	How often:
_____	_____	_____
_____	_____	_____

Change of Address:

Penalty warning:

Do not give false information or hidden information to continue receiving food commodities.

Household's Signature	Date
_____	_____

Certifier's Signature	Date
_____	_____

"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, religion, political beliefs, or disability."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."



(FDIPIR)

FOOD DISTRIBUTION PROGRAMS ON INDIAN RESERVATIONS NET MONTHLY
INCOME STANDARDS FOR CONTIGUOUS UNITED STATES **EFFECTIVE OCTOBER 1ST**
2023

SEPTEMBER 30TH 2024

<u>Household Size</u>	<u>Income limit</u>
1	\$1,413
2	\$1,842
3	\$2,270
4	\$2,708
5	\$3,173
6	\$3,636
7	\$4,064
8	\$4,493
Each additional member	\$429

Earned Income has a 20% allowable deduction

Utility deduction of \$450

Child support & childcare are deductible from gross earnings w/ documentation