

EFAP Certification of Eligibility and Receipt for USDA Commodities

Food Distributing

Agency Name: **Community Action Partnership of San Bernardino County Food Bank**

Date(s) : _____

Distribution Site: _____

Contact Name: _____

Phone: _____

Certification

I Certify under penalty of perjury that my household income for the past 30 days does not exceed The Emergency Food Assistance Programs (EFAP) posted monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that my household has not previously received commodities for this month. Commodities are for my personal home uses, not to be sold, traded or given away.

Certification

Certifico bajo pena de perjurio que los ingresos de mi hogar correspondientes a los pasados 30 dias no exceden las normas mensuales fijadas por Los Programas de Asistencia para Casos de Emergencia(EFAP) o en relacion a los pasados 12 meses no exceden las normas anuales y que mi hogar no ha recibido con anterioridad productos para este mes. Los productos son para ser usados en mi hogar, no para regalarios, cambrianos o regalarios.

Check one box	M	F		USDA <i>Item(s)</i> Distributed USDA <i>Articulos</i> Distribuidas	DDD item(s) Distributed DDD <i>Articulos</i> Distribuidas	Local Item(s) Distributed Local <i>Articulos</i> Distribuidas
S e l f - C e r t			No. of persons in Household. No. de personas en Hogar			

SIGNATURE <i>FIRMA</i>	ADDRESS <i>DIRECCION</i>	ZIP CODE <i>CODIGO POSTAL</i>																	
			Quantities Issued <i>Cantidades Emitadas</i>																
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