

Kiowa Tribe of Oklahoma

P.O. Box 369 · Carnegie, OK 73015-0369 · (580)654-2618

Zero Income Form

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

1	What was the total income for your household for the past 3 months?	
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	Are you receiving income from friends or family?	How much?
6	Are you looking for work?	
7	Have you applied for PA or GA?	
8	If you are residing with others (such as family or friends), do you purchase, prepare, and eat your food separately?	

I hereby certify that the information that I have provided accurately represents the total income for each member of my household (18 years and older). I understand that I must report changes in household size or composition; increases in gross monthly income of more than \$100; changes in residence and/or address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support to the Food Distribution Office within ten calendar days after the change becomes known to the household.

Signature

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail:
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax:
(833) 256-1665 or (202) 690-7442; or

(3) email:
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.