105 N	Office of Community Services (OCS)
	Office of Community Services (OCS) Department of Labor and Industrial Relations
	State of Hawaii

Agency Name:	_ COMMODITY DISTRIBUTION	Agency #:	Date:	
certify that my yearly gross income is at or belo	w that income listed on this form for househo	olds with the same n	umber of people as my house	ehold OR th:

COMMODITY DISTRIBUTION

at my household participates in the program. I also certify that, as of today, my household lives in the County of Honolulu. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

2024 ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty) (more than 8 add \$11,451.50 for each additional person)

Size	Income	Size	Income												
1	\$32,023.50	2	\$43,475.00	3	\$54,926.50	4	\$66,378.00	5	\$77,829.50	6	\$89,281.00	7	\$100,732.50	8	\$112,184.00

	Zip Code		Но	usehold Inf	formation		Agency Use Only				
Client's First and Last Name		# of Adult	<u># of</u> Children	Employed? Yes or No	Receives Gov't Asst? Yes or No	Armed Forces? A = Active Duty V = Veteran N = No	1st visit this month? Yes or No	REGULAR Food? X = Yes	SEFAP Food? X = Yes	TEFAP Food? X = Yes	Staff/ Volunteer Initial
	Page Totals										