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

Agency Name: ___________________________   COMMODITY DISTRIBUTION   Agency #: ___________   Date: ______________

I certify that my yearly gross income is at or below that income listed on this form for households with the same number of people as my household, OR that 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)

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<thead>
<tr>
<th>Size</th>
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<tbody>
<tr>
<td>1</td>
<td>$32,023.50</td>
<td>2</td>
<td>$43,475.00</td>
<td>3</td>
<td>$54,926.50</td>
<td>4</td>
<td>$66,378.00</td>
<td>5</td>
<td>$77,829.50</td>
<td>6</td>
<td>$89,281.00</td>
<td>7</td>
<td>$100,732.50</td>
<td>8</td>
<td>$112,184.00</td>
</tr>
</tbody>
</table>

Client's First and Last Name

Zip Code

Household Information

# of
Adult  # of
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

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