

Bristol Bay Native Association
Regional Food Bank
503 Woodriver Road
P.O. Box 310
Dillingham, Alaska 99576
(907) 842-3663 or Toll Free: 1-888-918-3663
BBNA Social Services: (907) 842-4139 or Toll Free 1-800-478-4139
Fax: (907) 842- 4106

Instructions for completing the Application for Food Bank:

1. Fill out and sign the application **COMPLETELY**
(As a note Head of Household signs the application)
2. Provide copies of **income verification** for all household members 18 yrs and older, Examples: Previous Year Tax Papers, Most recent paycheck stub, fishing statements, corporation dividend stubs, etc.
3. Fax or mail the completed application and necessary paperwork to the BBNA Regional Food Bank at the address indicated above.

For any questions regarding the application process or for assistance with filling out the application please contact: Barbara Nunn, Food Bank Coordinator at either of the phone numbers above. Thank you

FBA TEFAP Application and Registration

Effective October 2011 - September 2012

DISTRIBUTING AGENCY: _____

DATE: _____, 20__

Please print names of all household members, applicant first!!

- 1. Last _____ First _____ MI ____ 7. Last _____ First _____ MI ____
2. Last _____ First _____ MI ____ 8. Last _____ First _____ MI ____
3. Last _____ First _____ MI ____ 9. Last _____ First _____ MI ____
4. Last _____ First _____ MI ____ 10. Last _____ First _____ MI ____
5. Last _____ First _____ MI ____ 11. Last _____ First _____ MI ____
6. Last _____ First _____ MI ____ 12. Last _____ First _____ MI ____

Residence Address _____

Mailing (if different) _____ City _____ State _____ Zip _____

Number in Household _____ Phone _____

A) Do you receive benefits from any of the following programs (check all that apply)
_____ Food Stamps _____ TANF _____ SSI

If you indicated that you currently receive benefits from Food Stamps, TANF and/or SSI, please do not fill out question B. You may proceed directly to the applicant signature line.

B) Did anyone in your household receive a PFD (Permanent Fund Dividend) in 2010? _____
If yes, include \$1,281 per PFD received in your annual household income when indicating your income below.

Household Size/Maximum Household Income
*including PFD the household income must be at or below the income level listed for your household size.
Yearly Income # Yearly Income # Yearly Income # Yearly Income
1 \$25,160 5 \$60,532 9 \$95,904 13 \$131,276
2 \$34,003 6 \$69,375 10 \$104,747 14 \$140,119
3 \$42,846 7 \$78,218 11 \$113,590 15 \$148,962
4 \$51,689 8 \$87,061 12 \$122,433 16 \$157,805
For each additional household member, add: \$8,843

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA commodities according to current income guidelines. I understand that:

TEFAP COMMODITIES CAN ONLY BE RECEIVED ONCE IN ANY GIVEN MONTH.

Applicant Signature: _____

For intake workers use only: Please print!!

Interviewer (please print): _____ Date: _____

(Rev. 8/2011)

Applications must be retained onsite for 4 years. Previous editions of this form are no longer valid.