



Eastern Band of Cherokee Indians  
CHEROKEE TRIBAL FOOD DISTRIBUTION PROGRAM  
P.O. Box 1123 Cherokee, North Carolina 28719  
(828) 359-9751



**Application Checklist: TO SPEED UP YOUR APPLICATION, bring the following to your certification appointment, if it applies to your household.**

**PROOF OF INCOME:**

- PROOF OF INCOME FOR ALL MEMBERS OF HOUSEHOLD for the last 30 days. If paid weekly you should bring in your **last 4 most recent check stubs**. If paid bi-weekly, you should bring in your **last 2 most recent check stubs**.
- SOCIAL SECURITY OR SSI BENEFITS: Current award letter.
- RETIREMENT/PENSION: Current statement of any pensions or retirement benefits.
- CHILD SUPPORT: Verification of any child support you receive.
- SELF-EMPLOYMENT: Verification of any sales made in the previous 30 days.
- STUDENTS: Income received from grants, scholarships, or financial aid. (Receipts or other documents showing spend down of funds received).

**PROOF OF NO INCOME:**

- Zero Income Verification Form or Verification of no income (e.g. written letter from someone outside of household familiar with your circumstances. *Written letters will only be accepted for the first initial certification*). Letters need to specify the length of lack of income for anyone 18 or older in the household. The letter must be signed, dated, and include contact information. The letter must cover the previous 30 days or more whichever applies to the household member(s).

**IDENTIFICATION:**

- Current NC Photo ID for non-enrolled household members 18 or older.
- Tribal Enrollment Card(s) or Affidavit(s) for all members of household. (must include a photo for members 18 or older)
- Social Security Cards for all members of household.
- Current Photo ID of Authorized Representative(s) (if listed on application).

**PROOF OF RESIDENCY/MAILING:**

- **One document verifying physical address and mailing address.** *Examples for first initial certification:* Utility bill in the applicant's name, letter from landlord stating you rent or lease, letter from 911 office verifying physical address.
- **After first initial certification:** Physical addresses must match your enrollment card, affidavit, NC Driver's License or NC Identification Card (whichever may apply to your household).

**MEDICAL EXPENSES:**

- If you are claiming a medical deduction; documentation showing monthly medical expenses more than \$35/month of any elderly (60+ yr) and/or disabled persons living in the home.

**COURT DOCUMENTS:**

- Kinship/Guardianship, Custody: Court Order
- Child Support Order: If you pay or receive, verify amount



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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

File Number: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

New Application ( ) Recertification ( )

**APPLICATION**

**Instructions:** Complete the following information. If you **refuse to cooperate/provide verification**, your application will be denied. You must provide proof/verification of all income and allowable deductions.

Name: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Household Size: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Directions To Residence \_\_\_\_\_

**Household Members:** Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach separate sheet if you need to list additional household members.)

NAMES OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last) Please Print	RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, etc.)	SOCIAL SECURITY #	DATE OF BIRTH	AGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				



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**INCOME (EARNED & UNEARNED):** List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment, worker's compensation, alimony, pensions, veteran's benefits, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.) Households with earned income must provide wage statements for the previous 30 days. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	EMPLOYER/SOURCE OF INCOME	TYPE OF INCOME (WAGES, SOCIAL SECURITY, TANF, ETC.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-Weekly, Weekly

**SELF-EMPLOYMENT INCOME:** Are there any members in your household who are self-employed?  Yes  No  
 If yes, complete the following section. *Payment from rental property, roomers, boarders, farming, ranching, craft sales, odd jobs, and/or operating your own business is considered to be self-employment. Please provide proof of self-employment costs and income (current books showing income and expenses).*

Is your self-employment the primary source of income for meeting your living expenses?  Yes  No

HOUSEHOLD MEMBER	TYPE OF BUSINESS	Monthly Sales Income	-	Monthly Expenses (must show proof; receipts)	Total Self-Employment Income
			-		=
			-		=

**STUDENTS:** Are there any students in your household who receive education grants, scholarships, or loans?  Yes  No  
 If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	LENGTH OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan)	AMOUNT USED TO PAY TUITION/SCHOOL FEES

**ALLOWABLE DEDUCTIONS (Please answer the following questions and provide verification, if necessary):**

- Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense?  Yes  No  
 If yes, type of shelter/utility expense(s) paid monthly: \_\_\_\_\_
- Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment, or to attend training or pursue education which is preparatory to employment?  Yes  No  
 If yes, name and address of person providing care: \_\_\_\_\_  
 Amount paid: \$ \_\_\_\_\_ How often paid? (weekly, monthly, etc.) \_\_\_\_\_
- Does anyone in your household pay court ordered child support?  Yes  No  
 If yes, amount ordered to pay: \$ \_\_\_\_\_ Amount actually paid: \$ \_\_\_\_\_
- Does anyone in your household receive court ordered child support?  Yes  No  
 If yes, amount ordered to receive: \$ \_\_\_\_\_ Amount actually received: \$ \_\_\_\_\_
- Is anyone in your household elderly and/or disabled?  Yes  No  
 If yes, all elderly and/or disabled household members may deduct medical expenses, excluding special diets, in excess of \$35 a month. Monthly total of excess medical expenses: \$ \_\_\_\_\_



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**RACIAL/ETHNIC DATA COLLECTION: This information is confidential and used solely for the end of the month reporting processes of the USDA donated commodities in AIS (Automated Inventory System)**

1. Are you Hispanic or Latino?  Yes  No
2. What is your race? Choose any of the following that apply:
- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White

**SNAP/FOOD STAMP PARTICIPATION:**

1. Are you or anyone in your household currently receiving SNAP (formally food stamp program)?  Yes  No
2. Have you or anyone in your household recently applied for SNAP?  Yes  No
3. Have you or anyone in your household been disqualified from SNAP for an Intentional Program Violation?  Yes  No

**AUTHORIZED REPRESENTATIVE: You may authorize the Cherokee Tribal Food Distribution to share information with/receive information from and pick up food for you (the above listed applicant) by completing this section. If you would like to request home delivery, please list here.**

NAME(S)	TELEPHONE NUMBER

*Authorized Representatives are bound by the same terms and conditions under this application as the applicant. Authorized Representatives MUST present a picture ID prior to receiving distribution for applicant.*

**OFFICE USE ONLY:**

- \_\_\_\_\_ Participant Rights and Responsibilities received?
- \_\_\_\_\_ Consent to Release Information Completed?

Checked for Dual Participation:

Date Called: \_\_\_\_\_ Time: \_\_\_\_\_ Spoke With: \_\_\_\_\_

Notations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**FAIR HEARING:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

**PENALTY WARNING:** If your household receives USDA food it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

1. **Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Food Stamp Program in order to obtain Food Distribution Program benefits which your household is not entitled to receive.**
2. **Do not trade, sell or give away USDA food.**
3. **Do not participate by receiving food benefits in SNAP and Food Distribution Program in the same month. Households cannot participate in more than one Food Distribution Program in the same month.**

**INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES:** If you or any member of your household knowingly and willingly violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV may be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

**AUTHORIZATION:** I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

**CERTIFICATION STATEMENT:** I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report changes within ten (10) calendar days after the change becomes known, such as: a change in household size or composition; an increase in gross monthly income; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in legal obligation to pay child support. I am not participating in the SNAP/ EBT program (formerly Food Stamps) at this time, nor do I have an active application being processed. I have received a copy of the USDA Non-Discrimination Statement, a description of the FDPIR program, my rights and responsibilities, and financial requirements and limits for the program.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness (if you signed with an X):** \_\_\_\_\_



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**USDA NON-DISCRIMINATION STATEMENT**

Snap and FDPIR State or local agencies, and their sub-recipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights laws and U.S. Dept. of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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](tel:8008778339). Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

(Rev. 10/2017)