

TOWN OF HORICON COMMODITIES PROGRAM

PROOF OF RESIDENCY:

Any person receiving food from the Town of Horicon Commodities program or Food Pantry must be a resident of the Town of Horicon. Only one family per household is eligible for food pickup.

Name: _____

Street Address(No PO Boxes): _____

Town: _____ State: _____ Zip: _____

Home Phone No.: _____ Cell Phone No.: _____

Please provide proof of residency (i.e. utility bill, phone bill, etc. showing name and physical address).

Proof of Residency provided: **Y / N**

USDA INCOME ELIGIBILITY GUIDELINES:

Household Size	Annual Income
1	\$ 16,613
2	\$ 22,422
3	\$ 28,231
4	\$ 34,040
5	\$ 39,849
6	\$ 45,658
7	\$ 51,467
8	\$ 57,276
For Each Additional Family Member	Add an Extra \$5,809

I have read the USDA Income Eligibility Guidelines above. The total income for all the people in my household, which is _____ people, does not exceed the guidelines.** I also affirm that I am a resident of the Town of Horicon.

Print Name: _____

Signature: _____

Date: _____

If I am unable to pick up my commodities, I designate the following person(s) to pick them up for me:

** If your income exceeds the guidelines, but you feel you have special circumstances and are in need, please let me know.