

**MIDDLE GEORGIA COMMUNITY ACTION AGENCY, INC.
HEART OF GEORGIA COMMUNITY ACTION COUNCIL, INC.**

**COMMODITY FOOD PICK UP
AUTHORIZATION FORM**

I, _____, do hereby authorize _____
to pick up Commodity Food for my household.

The following information is provided, as required, to assist in determining my household's
eligibility for this program, which is based on total household size and total household income.

Address of Residence: _____
No Post Office Addresses Accepted & Street Number and Names of Street ONLY

City _____ County _____ Zip Code _____

Total number of people living in my household: _____

Total MONTHLY household income: \$ _____

**I, by signing below, do hereby certify that the information, including name, address, household
income, and household size, listed above is true and correct to the best of my knowledge. I
further certify that no other member of my household has applied for nor has received any
Commodity Food during this distribution period, and that no other person has signed my name
on this form. I understand that misrepresentation of any information, or the sale or exchange
of any Commodity Food is prohibited and could result in fine, imprisonment, or both.**

Applicant's Signature Date

Witness if Applicant signs with an "X"

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from
discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of
discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington,
D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity
provider and employer."