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.*

2026 ANNUAL HOUSEHOLD INCOME GUIDELINES (300% of poverty) (more than 8 add $19,590 for each additional person)

Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income
1	$55,080	2	$74,670	3	$94,260	4	$113,850	5	$133,440	6	$153,030	7	$172,620	8	$192,210

Client's First and Last Name	Zip Code	Household Information					*Agency Use Only*			
		# 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	TEFAP Food? X = Yes	Staff/ Volunteer Initial
	Page Totals									

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER