

NAME: _____
(Head of Household)

PART III - VERIFICATION INFORMATION

Please document how information on the Food Distribution Application, DPHHS-FD-001, was verified and attach this form and any additional supporting documentation to the Application. Document the names of any collateral contacts made regarding the household and the date the contact was made.

A. **RESIDENCY** Date Verified: _____
How Verified: _____

B. **IDENTITY** Date Verified: _____
How Verified: _____

C. **RESOURCES** Date Verified: _____
How Verified: _____

D. **INCOME** Date Verified: _____
How Verified: _____

E. **OTHER:** _____ Date Verified: _____
How Verified: _____

REMARKS

Note additional remarks or information needed on the Application or Income Statement:

Signature: _____ Date: _____
(Certification Clerk)

Attach to DPHHS-FD-001