

**FOOD DISTRIBUTION PROGRAM
SEPARATE HOUSEHOLD FORM**

I, _____ and _____

are separate households. This means while we do live together, we purchase our food and prepare our meals for home consumption separate and apart from each other.

I certify that I/we have read this form concerning Separate Household Status and the information contained in it is true. I/we understand that I/we must comply with Program rules and provide additional documentation if required, and that falsification of information may be grounds for disqualification and/or claim action.

I/we further understand that I/we must report any changes in household size, income and/or resources to the Food Distribution Office within ten days of the date, the change becomes known.

Signed By: _____ Date: _____

Signed By: _____ Date: _____

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