

The Emergency Food Assistance Program (TEFAP) Self-Declaration Form

You self-declare that:

1. Your name and household size provided is correct.
2. You reside within the geographical area of this agency's service area (there is no minimum length of residence required).
3. Your income is at or below the amount shown in the guideline chart below.
4. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.

****This form is valid up to one year from date signed, or until TEFAP Income Eligibility Guidelines are updated.**

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$29,526	\$2,461	\$568
2	\$40,034	\$3,337	\$770
3	\$50,542	\$4,212	\$972
4	\$61,050	\$5,088	\$1,175
5	\$71,558	\$5,964	\$1,377
6	\$82,066	\$6,839	\$1,579
7	\$92,574	\$7,715	\$1,781
8	\$103,082	\$8,591	\$1,983
For Each Additional Family Member, Add:	\$10,508	\$876	\$203

Required information:

Print Name: _____ Household size: _____ Date: _____

Optional information:

Address: _____

Household member ages (0-17): _____ (18-59): _____ (60+): _____

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- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442, or
- (3) Email: program.intake@usda.gov.

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