

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

You self-declare that:

Required information:

- 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	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
For Each Additional Family Member, Add:	\$10,175	\$848	\$196

Print Name:	Household size:
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.