

**The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form**

Distribution Date _____ Distribution Site:

Name: _____

Address: _____

Number of people in household: _____

County: _____

Phone Number _____

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Household size	Monthly income	Weekly income
1	\$1,354	\$312
2	\$1,832	\$423
3	\$2,311	\$533
4	\$2,790	\$644
5	\$3,269	\$754
6	\$3,748	\$865
7	\$4,227	\$987
8	\$4,705	\$1,086
Each add'l member	add \$479	add \$ 120

I certify that my gross household income is **at or below the income** listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

(Signature of Head of Household) _____
(Date)

Authorized Representative:

I hereby authorize _____
(Please Print)

to pick up food for my household.

Signature of Head of Household _____
Date

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