

**The Emergency Food Assistance Program (TEFAP)
Self-Declaration Form
*Effective July 1, 2024, through June 30, 2025**

You self-declare that:

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

Household Size	Annual Income	Monthly Income	Twice per Month Income	Every Two Weeks Income	Weekly Income
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,468	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For Each Additional Family Member, Add:	\$9,953	\$830	\$415	\$383	\$192

Required information:

Print Name: _____

Address: _____ Zip Code: _____ Household size: _____

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

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Program Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (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.