

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Self-Declaration of Income
(Effective from July 1, 2020 to June 30, 2021)

Agency: _____

Date: _____

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 within 185% of the Federal Poverty Guidelines (below).
5. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.

You will not be denied TEFAP food if you refuse to disclose any information that is not required of TEFAP.

You will **never** need to provide your social security number or proof of citizenship.

You will **never** need to provide proof of income. However, an agency may require further participant information for use with other programs.

You will **never** need to provide proof of household size.

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add	\$8,288	\$691	\$346	\$319	\$160

Print Name: _____

Signature: _____

Address: _____

Zip code: _____

Household size: _____ Number of Children: _____

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Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442
Email: program.intake@usda.gov

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