south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

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The Emergency Food Assistance Program (TEFAP)

Self-Declaration of Income

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 at or below the amount shown on the attached guidelines
5. You agree that TEFAP food is for home consumption only and will not be sold, traded, or bartered.

Date	Print Name (TEFAP Participant)	Signature	Address	Zip Code	Household size	Number of Children

This institution is an equal opportunity provider.