

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Self-Declaration of Income
(Effective from July 1, 2021 to June 30, 2022)**

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 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	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For Each Additional Family Member, Add:	\$8,399	\$700	\$350	\$324	\$162

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.