

TEFAP Income Eligibility Guideline COVID-19 Chart

Household Size	Annual	Monthly	Weekly
1	\$25,520	\$2,127	\$491
2	\$34,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	\$52,400	\$4,367	\$1,008
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,607	\$1,525
8	\$88,240	\$7,353	\$1,697
For each additional add:	\$8,960	\$747	\$172

If your household is at or below the income listed for the number of people in your household, you are eligible to receive food.

I certify that our gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the South Dakota Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

This institution is an equal opportunity provider