

## The Emergency Food Assistance Program (TEFAP) INCOME ELIGIBILITY GUIDELINES Effective from July 1, 2021 through June 30, 2022

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

**Note: You will not be required to provide proof of income or your social security number. You will not be denied TEFAP foods if you refuse to reveal any information that is not a requirement of TEFAP. However, an agency may require further participant information for use with other programs.**

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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 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](mailto:program.intake@usda.gov).

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