

Emergency Food Assistance Program (TEFAP)

Name: _____ Number in House hold: _____
 Address: _____ Phone: _____

OPTION 1.

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

HOUSEHOLD SIZE

	ANNUAL	MONTH	2 X MONTH	2 X WEEK	WEEKLY
1	\$ 16,245	\$ 1,354	\$ 677	\$ 625	\$ 312
2	\$ 21,855	\$ 1821	\$ 911	\$ 841	\$ 420
3	\$ 27,465	\$ 2,289	\$ 1,144	\$ 1,056	\$ 528
4	\$ 33,075	\$ 2,756	\$ 1,378	\$ 1,272	\$ 636
5	\$ 38,685	\$ 3,224	\$ 1,612	\$ 1,488	\$ 744
6	\$ 44,295	\$ 3,691	\$ 1,846	\$ 1,704	\$ 852
7	\$ 49,295	\$ 4,159	\$ 2,079	\$ 1,919	\$ 960
8	\$ 55,515	\$ 4,626	\$ 2,313	\$ 2,135	\$ 1,068

Each Additional Family + \$ 5,610 \$ 468 \$ 234 \$ 216 \$ 108

I certify that my (weekly, monthly or yearly) household gross income is \$ _____

Signature _____ Date _____

OPTION 2.

You are also eligible to receive food from TEFAP separate from income above if your household participates in any of the following programs:

Food Stamp Card # _____ TennCare # _____
 Low Energy Assist. _____ Public Housing _____
 AFDC _____

This certification form is being submitted in connection with the receipt of Federal Assistance. I understand that making a false certification may result in having to pay the state agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal Law.

This program is available to all eligible recipients regardless of race, color, national origin, age or disability.

Commodities Distributed: _____

Please sign upon receiving commodities.

Signature _____ **Date:** _____

Recertification Date: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

Date recieved: _____ **USDA GIVEN:** _____

Signature: _____

