

SELF-DECLARATION OF INCOME

State of Virginia - USDA The Emergency Food Assistance Program (TEFAP)

Agency Name: _____ Agency #: _____
 Preparer's Name: _____ (Person filling out form for the client)

Applicant's Name: _____ Phone #: _____
 Street Address: _____ Apartment #: _____
 City: _____ State: _____ Zip: _____

Total Number of Persons in Household: _____
Of Adults (18-54): _____ **# Of Children (17&under):** _____ **# Of Elderly (55&Up):** _____

Does Applicant Receive (Check all that apply)?

Food Stamps (SNAP): _____
Supplemental Security Income (SSI): _____
Temporary Assistance of Needy Families (TANF): _____
Medicaid (If only one person in the household): _____

***Skip income question IF household qualifies for any of the above**

Total Household Income (include all finances rec'd): _____
Circle One: Weekly Bi-Weekly Monthly Annual

TEFAP Household Income Guidelines

Effective January 1, 2022

Family Size	Weekly	Bi-Weekly	Monthly	Annual
1	\$484	\$967	\$2,096	\$25,142
2	\$652	\$1,303	\$2,823	\$33,874
3	\$820	\$1,639	\$3,551	\$42,606
4	\$988	\$1,975	\$4,279	\$51,338
5	\$1,156	\$2,311	\$5,006	\$60,070
6	\$1,324	\$2,647	\$5,734	\$68,802
7	\$1,492	\$2,983	\$6,462	\$77,354
8	\$1,659	\$3,318	\$7,189	\$86,266
*				

*For family units of more than 8 members, add \$168 weekly, \$336 bi-weekly, \$728 monthly or \$8,732 yearly for each additional member.

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PLEASE TURN OVER TO SIGN

STATEMENT OF NON-DISCRIMINATION

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.

APPLICANT PLEASE READ BEFORE SIGNING:

I certify that I am the **ONLY** person in the household at the above address who has applied for this assistance. I certify that the income on **ALL** persons in my household is not more than the amount shown and the information I have provided is correct to the best of my knowledge. I understand that I may only receive TEFAP food once a week.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

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Applicant's Signature: _____ Date: _____

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Applicant's Signature: _____ Date: _____

ALTERNATE:

An alternate or proxy can be named to pick up food for the applicant. The applicant must come in a minimum of once in a six-month period to fill out a self-declaration. An alternate or proxy may not pick up food for the applicant if there are any changes to the household size or the total income. Only if the alternate can verify the correct information, can food be picked up. The alternate should sign there name at the Applicant's Signature not the applicants name.

I, _____ (print applicant's name),

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authorize _____ (print alternate's name)

to pick up my commodity food distribution on my behalf. I understand that I am responsible for all information stated above and that this document serves as a legal disclaimer.

Applicant's Signature: _____ Date: _____