# ALTERNATIVE PICK-UP REQUEST FORM THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2022 INCOME GUIDELINES

Date:

#### **TEFAP MAXIMUM INCOME** MONTHLY HOUSEHOLD **ANNUAL HOUSEHOLD** HOUSEHOLD SIZE INCOME INCOME \$1,473.00 \$17,667.00 1 2 \$23,803.00 \$1,984.00 3 \$2495.00 \$29,939.00 4 \$36,075.00 \$3,007.00 5 \$3,518.00 \$42,211.00 6 \$48,347.00 \$4,029.00 7 \$4,541.00 \$54,483.00 8 \$5,052.00 \$60,619.00 Add \$6,136.00 each Over 10 Add \$512.00 each

### Authorization:

I hereby authorize, \_\_\_\_\_\_\_to pick up my United States Department of Agriculture The Emergency Food Assistance Program (TEFAP) commodities as I am unable to do so. The person picking-up the order must have their own valid photo ID.

### Certification:

I certify under penalty of perjury that my household income for the past 30 days does not exceed the TEFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.

Signature

| Address | Zip Code | Number of people in household |
|---------|----------|-------------------------------|
|         |          |                               |

## This institution is an equal opportunity provider.