TEFAP ELIGIBILITY APPLICATION

TEFAP-3 Revised 08/2018					
NAME:					
ADDRESS:					
CITY:					
COUNTY:					
JMBER OF PEOPE IN HOUSEHOLD:					
A. I receive Food & Nutrition Services:		Yes			No
B. My household's gross income is:	\$		yearl	y monthly	weekly
C. The number of persons in my housel	hold is:				
D. The following persons are authorized	to pick up my food (if applic	eable):			
1.	1	2.			
<u></u>	HOUSEHOLD SIZE		1	-	_
	HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK	
	1	\$24,288	\$2,024	\$467	
	2	\$32,928	\$2,744	\$633	
	3	\$41,568	\$3,464	\$799	
	4	\$50,208	\$4,184	\$966	
	5	\$58,848	\$4,704	\$1,132	
	6	\$67,488	\$5,624	\$1,298	
	7 8	\$76,128 \$84,768	\$6,344 \$7,064	\$1,464 \$1,630	
	EACH ADDITIONAL FAMILY MEMBER	(+\$8,640)	(+\$720)	(+\$166)	
Signature	of Applicant		-		Date
Signuir C	-) <u>P</u> promit				2 400
Issued by:	A D C			<u> </u>	
	Agency Representative Signature				Date
IMPORTANTREAD THIS STATEMENT B	EFORE SIGNING FOR FOOD(S)):			
I understand that any misrepresentation of need, and Sec. 4C, PL 93-86 as amended)	sale, or misuse of the foods I have I	received is prohibit	ed and could result	in a fine, imprison	ment, or both. (Sec. 211 E, PL 96-49-
Received by:					
		Signature of Rec	ipient		

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