



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Number of People in Household: \_\_\_\_\_  
Number in Household 18 & under: \_\_\_\_\_  
Number in Household 60 & over: \_\_\_\_\_

You are eligible to receive food from TEFAP if your household income falls below the poverty income guidelines (see reference chart) or if you participate in any of the following programs. Please place a checkmark in the space next to the category that applies.

- \_\_\_\_\_ Temporary Assistance to Needy Families (TANF) *or*  
\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamps) *or*  
\_\_\_\_\_ Supplemental Security Income (SSI) *or*  
\_\_\_\_\_ Income eligibility (**Proof of income is NOT required**)

Please read the following statement carefully and then sign the form and write in today's date. **You only need to meet one of these requirements to be eligible to receive USDA foods.**

*I certify that my yearly household gross income is at or below the income listed on the reference chart for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Alabama. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROXY (OPTIONAL):** I authorize \_\_\_\_\_ to pick up USDA foods on my behalf.

**Designated individual signing on behalf of client or proxy:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity\* and sexual orientation\*), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

\*The enclosed "non-discrimination" language herein was added pursuant to the May 5, 2022, USDA memorandum. However, although included as currently required for audit compliance by the USDA, the State of Alabama objects to its inclusion, applicability, and the application of this language due to currently pending legal challenges in the matter of The STATE OF TENNESSEE, ET AL. V. USDA, ET AL., Case No. 3:22-cv-00257, and may be subject to change or removal.

**FOR REFERENCE PURPOSES ONLY**  
**Proof of Income is NOT required**

The following 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.

**The chart below is effective July 1, 2024 - June 30, 2025.**

<b>Household Size</b>	<b>Annual Income</b>	<b>Monthly Income</b>	<b>Twice per Month</b>	<b>Every two Weeks</b>	<b>Weekly Income</b>
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
For each additional family members add:	\$6,994	\$583	\$292	\$269	\$135

**The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year), and weekly income.**

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