

**ALTERNATIVE PICK-UP REQUEST FORM****THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2018 INCOME GUIDELINES**

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

<b>TEFAP MAXIMUM INCOME</b>		
<b>HOUSEHOLD SIZE</b>	<b>MONTHLY HOUSEHOLD INCOME</b>	<b>ANNUAL HOUSEHOLD INCOME</b>
1	\$1,517.50	\$18,210
2	\$2,057.50	\$24,690
3	\$2,597.50	\$31,170
4	\$3,137.50	\$37,650
5	\$3,677.50	\$44,130
6	\$4,217.50	\$50,610
7	\$4,757.50	\$57,090
8	\$5,297.50	\$63,570
9	\$5,837.50	\$70,050
10	\$6,377.50	\$76,530
Over 10	Add \$544 each	Add \$6,480 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.

**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.*