

Agency Name: _____

For Office Use Only: Pantry I.D. # _____

Date: ____/____/____



To receive TEFAP commodities, you must provide your name, address, zip code, and number in household.

If you should choose to receive additional products provided by this pantry other than TEFAP commodities, you may be asked to provide additional information.

Para recibir los productos de TEFAP, debe proporcionar su nombre, dirección, código postal y número de personas en el hogar. Si debe elegir recibir productos adicionales proporcionados por esta despensa que no sean productos de TEFAP, se le puede solicitar que proporcione información adicional

Street Address/ Domicilio:

City/ Ciudad: _____ Zip/ Código : _____

Phone / Teléfono: () _____ - _____

Income Guidelines 2022

1 Person		5 Person	
Extremely Low (30%)	\$26,350	Extremely Low (30%)	\$40,650
Very Low (50%)	\$43,900	Very Low (50%)	\$67,750
Lower (80%)	\$70,250	Lower (80%)	\$108,400
2 Person		6 Person	
Extremely Low (30%)	\$30,100	Extremely Low (30%)	\$43,650
Very Low (50%)	\$50,200	Very Low (50%)	\$72,750
Lower (80%)	\$80,300	Lower (80%)	\$116,450
3 Person		7 Person	
Extremely Low (30%)	\$33,850	Extremely Low (30%)	\$46,650
Very Low (50%)	\$56,450	Very Low (50%)	\$77,750
Lower (80%)	\$90,350	Lower (80%)	\$124,450
4 Person		8 Person	
Extremely Low (30%)	\$37,600	Extremely Low (30%)	\$49,650
Very Low (50%)	\$62,700	Very Low (50%)	\$82,800
Lower (80%)	\$100,350	Lower (80%)	\$132,500

Person receiving food/ Persona recibiendo comida >

First Name/ Primer Nombre	Middle Initial/ Segundo Nombre inicial	Last Name/ Apellido	Age / Edad	Female/ Mujer	Male /Hombre	White/ Blanco	Black / Negro	Asian / asiático	Native American/ nativo americano	Hispanic/ Hispano	Other/ Otro	Military Vet. / Veterano Militar	Active Military / Militar Activo	HOMELESS / Sin Hogar	Unemployed/ Sin Empleo	Female Head of Household / Mujer Jefa del Hogar

“This institution is an equal opportunity provider”

“Esta institución es un proveedor que ofrece igualdad de oportunidades”