

ALTERNATIVE PICK-UP REQUEST FORM**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2024 INCOME GUIDELINES**

Date: _____

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$2,949.25	\$35,391.00
2	\$4,002.83	\$48,034.00
3	\$5,056.42	\$60,677.00
4	\$6,110.00	\$73,320.00
5	\$7,163.58	\$85,963.00
6	\$8,217.17	\$98,606.00
7	\$9,270.75	\$111,249.00
8	\$10,324.33	\$123,892.00
Over 8	Add \$1,053.59 each	Add \$12,643.00 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.

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 _____

County of Residence _____

Zip Code _____

Number of people in household _____

This institution is an equal opportunity provider.