

## ALTERNATIVE PICK-UP REQUEST FORM

### THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2022 INCOME GUIDELINES

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

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$2,661.38	\$31,936.50
2	\$3,585.71	\$43,028.50
3	\$4,510.04	\$54,120.50
4	\$5,434.38	\$65,212.50
5	\$6,358.71	\$76,304.50
6	\$7,283.04	\$87,396.50
7	\$8,207.38	\$98,488.50
8	\$9,131.71	\$109,580.50
Over 8	Add \$924.33 each	Add \$11,092 each

**Name:**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. Attached is a copy of my ID.

Signature	Phone Number	
Address	Zip Code	Number of people in household

*This institution is an equal opportunity provider.*