



The Emergency Food Assistance Program (TEFAP) Eligibility

Name	Number of people in your household
Full physical address	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

TEFAP Income Guidelines Effective July 1, 2016 – June 30, 2017

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member add:	+7,696	+642	+321	+296	+148

You are also eligible to receive food from TEFAP if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

- Food Assistance (SNAP) Free or Reduced Lunches

Please read the following statement carefully. If you agree, please sign and date the form:

I certify that my household income is at or below the income listed on this form for our household size, OR that my household receives Food Assistance or free or reduced lunches as indicated. I also certify that, as of today, my household lives in Iowa. I acknowledge that program officials may verify what I have stated to be true.

Signature	Date
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This institution is an equal opportunity provider.

