

ALTERNATIVE PICK-UP REQUEST FORM
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2019 INCOME GUIDELINES

Date: _____

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$2,445.96	\$29,351.50
2	\$3,311.54	\$39,738.50
3	\$4,177.13	\$50,125.50
4	\$5,024.71	\$60,512.50
5	\$5,908.29	\$70,899.50
6	\$6,773.88	\$81,286.50
7	\$7,639.46	\$91,673.50
8	\$8,505.04	\$102,060.50
9	\$9,370.63	\$112,447.50
10	\$10,263.21	\$122,834.50
Over 10	Add \$865.58 each	Add \$10,387 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 _____
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This institution is an equal opportunity provider.