

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) HOUSEHOLD ELIGIBILITY CRITERIA FORM

Distribution Site _____

Distribution Date _____

Name: _____

Number of people in
Household _____

Address _____

This table shows monthly and weekly income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

Household Size	Monthly income	Weekly income
1	\$ 1,107	\$ 256
2	\$ 1,484	\$ 353
3	\$ 1,861	\$ 430
4	\$ 2,238	\$ 517
5	\$ 2,615	\$ 604
6	\$ 2,992	\$ 691
7	\$ 3,369	\$ 778
8	\$ 3,746	\$ 865
Each additional Member	add #377	add \$87

I certify that my gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the Georgia Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

(Recipient Signature)

(Date)

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