



## 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, 2021 – June 30, 2022**

Household Size	1	2	3	4	5	6	7	8	For each additional household member add:
Yearly Income	23,828	32,227	40,626	49,025	57,424	65,823	74,222	82,621	+8,399
Monthly Income	1,986	2,686	3,386	4,086	4,786	5,486	6,186	6,886	+700
Weekly	459	620	782	943	1,105	1,266	1,428	1,589	+162

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:

SNAP

Free or Reduced Lunches

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

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in Iowa. This certification form is being completed in connection with the receipt of federal assistance. I understand that once I sign this form, I am assumed to be eligible for future distributions. I understand I am required to report to the pantry if my income increases over the income amount listed for my household.

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.

I understand the USDA nondiscrimination statement is provided on the back of this form and a copy is available upon my request.

Signature	Date
-----------	------

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at:

[https://www.ascr.usda.gov/sites/default/files/Complain\\_combined\\_6\\_8\\_12\\_508\\_0.pdf](https://www.ascr.usda.gov/sites/default/files/Complain_combined_6_8_12_508_0.pdf), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410;
- Fax: (202) 690-7442; or
- Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

TEFAP foods received on date signed below.

Print name	Signature	Date