

The Emergency Food Assistance Program (TEFAP) Eligibility

Name	
Full physical address	
Number of people in your household	

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 7/1/14 – 6/30/15

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427

For each additional household member add:

	+\$7,511	+626	+313	+289	+145
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You are also eligible to receive food from TEFAP if your household participates in one the following programs. Please check the box next to the program you receive benefits from:

- Food Assistance (SNAP) WIC

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 and/or WIC 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