

The Emergency Food Assistance Program (TEFAP)
Household Eligibility Criteria Form

Distribution Date _____ Distribution Site:

Name: _____

Address: _____

Phone Number _____

Number of people in household: _____

County: _____

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	\$1,307	\$302
2	\$1,760	\$406
3	\$2,213	\$511
4	\$2,665	\$615
5	\$3,118	\$720
6	\$3,571	\$824
7	\$4,024	\$929
8	\$4,477	\$1,033
Each add'l member add \$453		add \$ 105

I certify that my gross household income is at or below the income listed on this form for households that live 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.

(Signature of Head of Household) _____
(Date)

Authorized Representative:

I hereby authorize _____
(Please Print)

to pick up food for my household.

Signature of Head of Household _____
Date

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