

**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.

<u>Household size</u>	<u>Monthly income</u>	<u>Weekly income</u>
1	\$ 1,287	\$ 297
2	\$ 1,736	\$ 401
3	\$ 2,184	\$ 504
4	\$ 2,633	\$ 608
5	\$ 3,081	\$ 711
6	\$ 3,530	\$ 815
7	\$ 3,980	\$ 919
8	\$ 4,430	\$ 1,023
Each add'l member	\$451	add \$ 104

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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