



TEFAP FORM

1. NEEDS COMPLETE NAME & ADDRESS
**City Spelled Out*

Name: Sally Walden Number of People In Household: 4
Address: 123 Anywhere Lane
Sarasota, FL 12345 County: Sarasota

2. NEEDS THE # IN HOUSEHOLD

3. NEEDS COUNTY LISTED
(No Abbreviations)
SARASOTA OR DESOTO ONLY
Anything Else is Ineligible

*Do Not Circle Here
Check Below Instead*

The following shows a yearly gross 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. **The chart below is effective July 1, 2023 - June 30, 2024.**

Household Size	Annual Income	Monthly Income	Twice per Month	Every two Weeks	Weekly Income
1	\$18,954	\$1,580	\$790	\$729	\$365
2	\$25,616	\$2,137	\$1,069	\$986	\$493
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264
For each additional family member add:	\$6,682	\$557	\$279	\$257	\$129

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- Income eligibility
- Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medicaid

4. NEEDS ONE OR MORE OF THESE OPTIONS CHECKED
If anyone In The Household Receives Any of These, The Entire Household Qualifies

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted 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 certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

5. NEEDS NEIGHBOR'S SIGNATURE

Signature: Sally Walden Date: 1/31/2024

6. MUST HAVE A DATE OF SIGNING

7. OPTIONAL: WRITE NAME(S) OF *PROXY PICKUP PERSON(S)
** Proxies are People outside The Household Household Members Are Already Permitted To Pick Up, Don't Put Their Names Here*

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

OPTIONAL: I authorize Bastian Bux to pick up USDA foods on my behalf.