# The Emergency Food Assistance Program
# (TEFAP)

**Effective October 1, 2008**

**Please Print**
**PANTRY**
**NAME__________________________________COUNTY______________________**

**PANTRY**
**ADDRESS_______________________________CITY_________________________**

**I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING GUIDELINES:**

**INCOME GUIDELINES**
**(165%)**

| HOUSEHOLD SIZE | HOUSEHOLD INCOME (Monthly) | (Annual) | HOUSEHOLD SIZE | HOUSEHOLD INCOM E (Monthly) | (Annual) |
|---|---|---|---|---|---|
| 1 | $1,430 | $17,160 | 4 | $2,915 | $34,980 |
| 2 | $1,925 | $23,130 | 5 | $3,410 | $40,920 |
| 3 | $2,420 | $29,040 | 6 | $3,905 | $46,860 |

**For each additional household member add $495/5,940**

**I ACKNOWLEDGE THAT THE STATE OF INDIANA AND THIS DISTRIBUTION AGENCY HAVE NO CONTROL OVER THE MANUFACTURING OF THIS DONATED PRODUCT AND CONSEQUENTLY DO NOT WARRANT THE CONDITION, QUALITY, OR CONTENT OF THE USDA DONATED COMMODITY.**

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| DATE | SIGNATURE | ADDRESS | CITY | ZIP | NUMBER IN HOUSEHOLD |
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Revised 7/2008 KAW