



Children (0-17) _____
 Adults _____
 Seniors (60 and up) _____

Bureau of Food Distribution
The Emergency Food Assistance Program (TEFAP)
"Self Declaration of Need"
 Effective July 1, 2016 to Jun 30, 2017

 Recipient Name

 Agency Representative Signature Date

 Street Address

 Wellsboro Area Food Pantry 40043
 Distribution Site Name Number

 City State Zip

 Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Total Household Income (based on 150% of Poverty)				
Household Size				
Circle One	Annual	Monthly	Weekly	
1	\$ 17,820	\$ 1,485	\$ 343	
2	\$ 24,030	\$ 2,003	\$ 462	
3	\$ 30,240	\$ 2,520	\$ 582	
4	\$ 36,450	\$ 3,038	\$ 701	
5	\$ 42,660	\$ 3,555	\$ 820	
6	\$ 48,870	\$ 4,073	\$ 940	
7	\$ 55,095	\$ 4,591	\$ 1,060	
8	\$ 61,335	\$ 5,111	\$ 1,180	
<i>For each additional family member add:</i>	\$ 6,240	\$ 520	\$ 120	

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

 Recipient Signature

 Date



Return completed form to the agency that provided it to you.