

SELF-DECLARATION OF INCOME

Revised Income Level Effective Dates: July 1, 2015 – Jun 30, 2016

Agency #:

Agency Name:

State of Virginia – USDA The Emergency Food Assistance Program (TEFAP) Name of Worker:

Number in Family:

Number of People Age 65 and Over:

Date Last Signed:

Pantry Only:

Number of People Age 18 and Younger:

Applicant's Last, First Name:

Phone #:

Address:

Apt:

City:

State:

Zip:

Is the Applicant a one-person household receiving Medicaid?

Y ☐ N ☐

Does each member of Applicant's household receive at least one of the following?

SNAP (Food Stamps):

Y ☐ N ☐

Temporary Assistance for Needy Families (TANF):

Y ☐ N ☐

Supplemental Security Income (SSI):

Y ☐ N ☐

If yes to any of the questions above, Applicant is automatically qualified for TEFAP and you should list ONLY names, ages, and genders in the grid below. If no to all questions above, complete the entire grid.

Names	Age	M/F	Income	Monthly	Weekly	Bi-Weekly	Yearly
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Annual Income			<input type="text"/>				

I certify that I am the only person in the household at the above address who applied for this assistance. I certify that the income of all the persons in my household is not more than the amount shown and the information I have provided is correct to the best of my knowledge. I understand that I may only receive TEFAP food once per month.

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Applicant's Signature:

Date:

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Applicant's Signature:

Date: