

Self Declaration of Income Form

Revised Income Level Effective Dates

State of Virginia TEFAP/USDA Emergency Food Assistance Program

July 1, 2012 - June 30, 2013

A**ALL INFORMATION IN SECTION A IS TO ONLY BE FILLED OUT BY AGENCY VOLUNTEER**

1a. Agency/EFO Name			2a. Account Number	
3a. Agency Representative				
4a. Applicant Name (PLEASE PRINT CLEARLY)				
5a. Street Address			6a. Apartment Number	
7a. City	8a. Zip Code	9a. Phone (Optional)		
	10a.#of Children (0-17)	11a.#of Adults (18-64)	12a.#of Seniors (65+)	13a. Total in Household

USDA ELIGIBILITY QUALIFICATIONS

14a. Automatic Household Qualifiers - Mark (**X**) for all that apply
(if applicant does not meet any of these specific qualifications proceed to section 15a.)

FOOD STAMPS/SNAP <input type="checkbox"/> Supplemental Nutrition Assistance Program	TANF <input type="checkbox"/> Temporary Assistance for Needy Families	SSI <input type="checkbox"/> Supplemental Security Income
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MEDICAID ☐*** Only applies if a single person living alone is receiving Medicaid***15a. Household Income - Only complete one frequency of income (indicate any income received)

\$ _____	OR	\$ _____	OR	\$ _____
Weekly		Monthly		Annually

B**ALL INFORMATION IN SECTION B IS TO BE COMPLETED BY THE APPLICANT**

STATEMENT OF NON-DISCRIMINATION: In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PLEASE READ BEFORE SIGNING: I certify that I am the ONLY person in the household who has applied for this assistance. I certify that the income of every person in my household does not exceed the amount of income shown and that the information given is correct to the best of my knowledge. I understand that USDA food can only be received once a month from one location. **PLEASE SIGN ONLY ONCE PER MONTHLY PICK-UP**

1b. Signature	Date
2b. Signature	Date
3b. Signature	Date

4b. Authorized Alternate: Applicant may authorize a single person to pick up their USDA commodities for TWO months.

I, _____, authorize _____
to pick up my USDA commodities on my behalf. I understand that I am responsible for all information stated above and that this document serves as a legal disclaimer. An alternate or proxy may not pick up food for the applicant if there are any changes to the applicant's household size or the total income. Only if the alternate can verify the applicant's correct information, can food be picked up. The alternate should sign their own name in the applicant's signature block and not the applicant's name.