The Emergency Food Assistance Program (TEFAP) Authorized Representative Form

Name:				Number of people in household:
Address:				
(Client may identify homeles	sness by writing an "l	H" in the add	lress line at	pove.)
This table shows a yearly gro the income listed for the nur				
	2022 Inco	ome guidelin	ies	7
	Family Size	Monthly A	nnual	
	1	\$3,398	\$40,770	
	2	\$4,578	\$54,930	
	3	\$5,758	\$69,090	
	4	\$6,938	\$83,250	1
	5	\$8,118	\$97,410	
	6	\$9,298	\$111,570	
	7	\$10,478	\$125,730	
	8	\$11,658	\$139,890	
	For each addition	al member, a	add	
	\$1,180 per month	n or \$14,160	per year	
Social Security Dis Supplemental Nur Temporary Assista Women, Infant ar	e Energy Assistance P sability Income/Social	Program (LIHI Security Inc gram (SNAP) ies (TANF) ental Nutritio	EAP) ome (SSDI/ (formerly l	
By signing below, I declare the or below the eligible income checked above. I will not sell form is being completed in coverify what I have certified to having to pay the State for the criminal prosecution under sauthorized representative: (Name of authorized representation)	levels, OR that I am of the properties of the properties of the food in the properties of the food intaken and federal law.	currently par d received th eceipt of fede d that makir mproperly is:	ticipating in rough this eral assistan ng a false ce sued to me he followin	n any one of the programs program. This certification nce. Program officials may ertification may result in and may subject me to ag person to act as my
(Signature)			(Da	te)