The Emergency Food Assistance Program (TEFAP) **Authorized Representative Form**

Name:				Number of people in household:
Address:				
(Client may identify home	elessness by writing an "H	I" in the add	dress line a	bove.)
• •	gross income for each far number of people in your	-		hold income is at or below ligible to receive food.
	2023 Inco	me guidelir	nes	7
	Family Size	Monthly A	nnual	
	1	\$3,645	\$43,740	
	2	\$4,930	\$59,160	
	3	\$6,215	\$74,580	7
	4	\$7,500	\$90,000	1
	5	\$8,785	\$105,420	
	6	\$10,070	\$120,840	
	7	\$11,355	\$136,260	
	8	\$12,640	\$151,680	
	For each additiona	•		
	\$1,285 per month	or \$15,420	per year	
Low Income H Social Security Supplemental Temporary As Women, Infan	u participate in one of the ome Energy Assistance Proposability Income/Social Nutrition Assistance Proposistance for Needy Familiest and Children Supplemental School Lunch Program	rogram (LIH Security Inc ram (SNAP) es (TANF)	EAP) ome (SSDI/ (formerly	'SSI)
or below the eligible inco checked above. I will not form is being completed verify what I have certified having to pay the State for	ome levels, OR that I am consell, barter, or trade food in connection with the read to be true. I understand or the value of the food in er state and federal law. I e:	urrently par received th ceipt of fedo d that makin nproperly is	ticipating in Prough this Peral assista Programs assista Programs assissions assissions in the second in the secon	and may subject me to
(Signature)			(Da	rte)