SELF-DECLARATORY FORM

The Emergency Food Assistance Program (TEFAP) Household Eligibility Form	
Name	No. of people in household
Street	No. of Elderly (60+) in household?
Town	No. of Disabled in household
State	No. of Children in household
Tel. ( )	

The table below shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP commodities.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	29,352	39,739	50,126	60,513	70,900	81,287	91,674	102,061

- for each additional person add $10,387

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(es) next to it.

- ☐ Food Stamps
- ☐ Energy Assistance
- ☐ WIC
- ☐ School Meals
- ☐ Husky Part A, Part B
- ☐ State Administered General Assistance (SAGA)
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Aid to the Blind or Disabled
- ☐ Social Security Supplemental (SSI)
- ☐ Section 8 Rental Assistance Program

Please read the following statement, then sign the form and write in today's date.

I certify that my yearly gross household income is at or below the income listed on this form for households of the same number of people as my household, OR that my household participates in the program that I have checked on this form. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also certify that, as of today, my household lives in Connecticut.

_____   _____

Signature   Today's Date