

ALTERNATE PICK-UP REQUEST FORM **Emergency Food Assistance Program (EFAP)** **2017 Income Guidelines**

Date: _____

Authorization:

I hereby authorize, _____ to pick up my United States Department of Agriculture Emergency Food Assistance Program (EFAP) commodities as I am unable to do so.

Certification:

I certify under penalty of perjury that my household income for the past 30 days does not exceed the EFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.

EFAP MAXIMUM INCOME

HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$1,507.50	\$18,090
2	\$2,030.00	\$24,360
3	\$2,552.50	\$30,630
4	\$3,075.00	\$36,900
5	\$3,597.50	\$43,170
6	\$4,120.00	\$49,440
7	\$4,642.50	\$55,710
8	\$5,165.00	\$61,980
9	\$5,687.50	\$68,250
10	\$6,210.00	\$74,520
Over 10	Add \$522.50 each	Add \$6,270 each

REVISED 4/17

SIGNATURE	ADDRESS	ZIP CODE	NUMBER OF PEOPLE IN HOUSEHOLD

EFA 15 (4/17)

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