



Agency Name _____ **TEFAP COMMODITY DISTRIBUTION** Date: _____

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that as of today, my household lives in the County of _____ in the State of Hawaii and that I have only received commodities from this distribution site during the current month. I am completing this certification form to request receipt of Federal assistance. Program official may verify what I have certified to be true. *I understand that making a false statement may result in my having to pay the value of the food improperly issues to me and may subject me to criminal prosecuting under State and Federal Law.*

2018 ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty) (more than 8 add \$9,195.00 for each additional person)

Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income
1	\$25,826.00	2	\$35,021.00	3	\$44,215.00	4	\$53,410.00	5	\$62,604.00	6	\$71,799.00	7	\$80,993.00	8	\$90,188.00

Date	Name	Address	Household				By SIGNING BELOW , I certify that my household size and income make me eligible to participate in the Emergency Food Assistance Program.
			# of Adults	# of Children	# of Seniors	Total	

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