**The West Virginia Department of Agriculture**

**Kent Leonhardt, Commissioner**

**The Emergency Food Assistance Program (TEFAP)**

**FOOD PANTRY RECIPIENT APPLICATION**

**2020-2021**

**[Effective July 1, 2020 until June 30, 2021]**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Size:

Address:

County: Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Food Pantry:

**TO QUALIFY FOR USDA FOODS, GROSS HOUSEHOLD INCOME CANNOT EXCEED THE FOLLOWING GUIDELINES**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **HOUSEHOLD SIZE** | **GROSS MONTHLY INCOME** | **GROSS ANNUAL INCOME** |
| **1** | **$1,383.00** | **$16,588.00** |
| **2** | **$1,868.00** | **$22,412.00** |
| **3** | **$2,353.00** | **$28,236.00** |
| **4** | **$2,839.00** | **$34,060.00** |
| **5** | **$3,324.00** | **$39,884.00** |
| **6** | **$3,809.00** | **$45,708.00** |
| **7** | **$4,295.00** | **$51,532.00** |
| **8** | **$4,780.00** | **$57,356.00** |

**If household size exceeds 8, add $486.00 (monthly) OR $5,824 (annually) for each additional household member**

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**(1) Mail: U.S. Department of Agriculture**

 **Office of the Assistant Secretary for Civil Rights**

 **1400 Independence Avenue, SW**

 **Washington, D.C. 20250-9410;**

**(2) fax: (202) 690-7442; or**

**(3) email:** **program.intake@usda.gov****.**

**This institution is an equal opportunity provider.**

This certification form is being completed 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 statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

* ***I understand that by signing this paper I will only receive USDA TEFAP commodities at this TEFAP pantry***.
* **I certify that my gross household income is at or below the income listed on this form which I have completed on the date indicated below - OR -**
* **I receive SNAP benefits (food stamps), therefore I automatically qualify for this program.**

Applicant Signature: Date:

Food Pantry/Referral Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**APPLICANT VERIFICATION OF RECEIPT OF TEFAP FOODS**

Recipient (or Proxy) Signature Date Received TEFAP Foods