



Agency Name: _____

TEFAP COMMODITY DISTRIBUTION

Date: _____

I certify that my yearly gross income is at or below that income listed on this form for households with the same number of people as my household, OR that my household participates in the TEFAP program. I also certify that, as of today, my household lives in the County of Maui. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, 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.*

2022 MONTHLY/ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty) (more than 8 add \$10,046 for each additional person)

Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income
Monthly	1	\$2,410	2	\$3,247	3	\$4,084	4	\$4,921	5	\$5,759	6	\$6,596	7	\$7,433	8	\$8,270
Annual		\$28,916		\$38,961		\$49,007		\$59,052		\$69,098		\$79,143		\$89,189		\$99,234

Date	Name	Address	Ethnicity <small>(Identify with Most)</small>	HOUSEHOLD		By <i>SIGNING BELOW</i> , I certify that my household size and income make me eligible to participate in the Emergency Food Assistance Program
				# of Children <small>(0-17 yrs)</small>	# of Adults <small>(18+ yrs)</small>	