

## Alternate Pick-up Request Form

Emergency Food Assistance Program

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	\$1,361	\$16,335
2	\$1,839	\$22,065
3	\$2,316	\$27,795
4	\$2,794	\$33,525
5	\$3,271	\$39,255
6	\$3,749	\$44,985
7	\$4,226	\$50,715
8	\$4,704	\$56,445
9	\$5,181	\$62,175
10	\$5,659	\$67,905
Over 10	add \$478 each	add \$5,730 each

Revised 4/11

SIGNATURE	ADDRESS	ZIP CODE	Number of people in household



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