

**CENTRAL VIRGINIA FOODBANK
TEFAP FOOD DISTRIBUTION PROGRAM
SELF-DECLARATION OF INCOME FORM**

REVISED INCOME LEVEL EFFECTIVE OCTOBER 1, 2008– SEPTEMBER 30, 2009

AGENCY NAME _____ AGENCY # _____
WORKER'S NAME _____
APPLICANT'S NAME _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____ TELEPHONE # _____
PRE-AUTHORIZED ALTERNATE NAME _____

✓ qualification(s)/if applicable, skip Total Household Income Below
↓↑

FOOD STAMPS _____ SSI _____ MEDICAID _____

CIRCLE BELOW

↓

↓ Number in Household: _____ Total Household Income \$ _____ per Annuually/Monthly
Biweekly/Weekly

of Adults (18-54 years of age) _____

of Children (17 years and under) _____

of Elderly (55+ years of age) _____

Applicant's Certification

I certify that I am the only person in the household at the above address who has applied for this assistance. I certify that the income of all the persons in my household is not more than the amount shown and the information I have provided is correct to the best of my knowledge. I understand that I may only receive TEFAP food once a month from one EFO organization.

Signature-Visit #1 _____ DATE _____

Signature-Visit #2 _____ DATE _____

Signature-Visit #3 _____ DATE _____

Signature-Visit #4 _____ DATE _____

Signature-Visit #5 _____ DATE _____

Signature-Visit #6 _____ DATE _____