

STATE OF ALABAMA
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY
 7 CFR 251

Name: _____
 Address (Optional): _____
 County: _____

Number of People In Household: _____
 Number in Household 18 & under: _____
 Number in Household 60 & over: _____
 Number of Veterans in Household: _____

FOR REFERENCE PURPOSES ONLY. Proof of Income is NOT required.

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. **The chart below is effective program year 2026-2027.**

(185% of Federal Poverty Guidelines)

Household Size	Annual Income	Monthly Income	Twice per Month	Every Two Weeks	Weekly Income
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,350	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,754	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,158	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,562	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,966	\$1,983
For each additional family member add:	\$10,508	\$876	\$438	\$406	\$203

The chart details eligibility criteria for monthly income, income received twice monthly (24 payments per year), income received every two weeks (26 payments per year) and weekly income.

You are eligible to receive food from TEFAP if your household income falls below the poverty income guidelines (see reference chart) or if you participate in any of the following programs. Please place a checkmark in the space next to the category that applies.

- Temporary Assistance to Needy Families (TANF) or
- Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamps) or
- Supplemental Security Income (SSI) or
- Income eligibility (**Proof of income is NOT required**)

Please read the following statement carefully and then sign the form and write in today's date. **You only need to meet one of these requirements to be eligible to receive USDA foods.**

*I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people **OR** that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Alabama. This certification is being submitted 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 certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

Signature: _____ Date: _____

THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the distributing agency immediately.

PROXY (OPTIONAL): I authorize _____ to pick up USDA foods on my behalf.

Designated individual signing on behalf of client or proxy:

Signature: _____ Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (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:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

SIGNATURE FORM
For use with USDA Self-Declaration Form

You may attach this form to the current USDA Self-Declaration Form. EACH TIME a client receives USDA commodities from you, please have them verify to you that all information on the Self-Declaration Form is still correct, then have them sign and date below.

Signature

Date

Signature

Date