

## The Emergency Food Assistance Program (TEFAP) Eligibility Application

Name \_\_\_\_\_ How many people in your household \_\_\_\_\_

To be eligible to receive TEFAP USDA Foods you must live in the state of Iowa, and meet income guidelines for your household size, or receive SNAP and/or Free and Reduced Lunch.

### TEFAP Income Guidelines Effective July 1, 2025 – June 30, 2026 – Gross Income

Household Size	1	2	3	4	5	6	7	8	Additional Person Add:
<b>Yearly</b>	\$28,953	\$39,128	\$49,303	\$59,478	\$69,653	\$79,828	\$90,003	\$100,178	+ \$10,178
<b>Monthly</b>	\$2,413	\$3,261	\$4,109	\$4,957	\$5,805	\$6,653	\$7,501	\$8,349	+ \$848
<b>Weekly</b>	\$557	\$753	\$949	\$1,144	\$1,340	\$1,536	\$1,731	\$1,927	+ \$196

My household lives in the state of Iowa: ☐ Yes ☐ No

My household meets income eligibility based on the table above: ☐ Yes ☐ No

My household receives: ☐ SNAP ☐ Free or Reduced Lunches

### Please read the following statement carefully. If you agree, please sign and date the form:

The information I'm providing on this form is accurate as of today. I'm completing this form to be able to receive federal assistance. I understand that once I sign this form, it's assumed I'm eligible for future distributions through June 30. **I understand I am required to report to the pantry if my income goes over the income amount listed for my household.** Program officials may verify what I have certified to be true. I understand that if I make false statements, I may have to pay the state for the value of the food I received incorrectly and I may be subject to criminal prosecution under state and federal law.

Recipient Signature \_\_\_\_\_ Date \_\_\_\_\_

Or

Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

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Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; or
- 2. fax:** (833) 256-1665 or (202) 690-7442; or
- 3. email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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