



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:
Yearly	\$28,953	\$39,128	\$49,303	\$59,478	\$69,653	\$79,828	\$90,003	\$100,178	+ \$10,178
Monthly	\$2,413	\$3,261	\$4,109	\$4,957	\$5,805	\$6,653	\$7,501	\$8,349	+ \$848
Weekly	\$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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