

USDA TEFAP Application and Registration

Effective October 2010 - September 2011

DISTRIBUTING AGENCY: Lutheran Social Services of Alaska

DATE: _____, 20__

Please print names of all household members, applicant first!!

- | | |
|------------------------------------|-------------------------------------|
| 1. Last _____ First _____ MI _____ | 7. Last _____ First _____ MI _____ |
| 2. Last _____ First _____ MI _____ | 8. Last _____ First _____ MI _____ |
| 3. Last _____ First _____ MI _____ | 9. Last _____ First _____ MI _____ |
| 4. Last _____ First _____ MI _____ | 10. Last _____ First _____ MI _____ |
| 5. Last _____ First _____ MI _____ | 11. Last _____ First _____ MI _____ |
| 6. Last _____ First _____ MI _____ | 12. Last _____ First _____ MI _____ |

Residence Address _____

Mailing (if different) _____ City _____ State _____ Zip _____

Number in Household _____ Phone _____

Do you receive benefits from any of the following programs (check all that apply)

_____ Food Stamps _____ TANF _____ SSI

Did anyone in your household receive a PFD (Permanent Fund Dividend) in 2009? _____

If yes, include \$1,305 per PFD received in your annual household income when indicating your income below.

Household Size/Maximum Household Income					
<i>*including PFD the household income must be at or below the income level listed for your household size.</i>					
#	Yearly Income	#	Yearly Income	#	Yearly Income
1	\$25,031	5	\$59,663	9	\$94,295
2	\$33,689	6	\$68,321	10	\$102,953
3	\$42,347	7	\$76,979	11	\$111,611
4	\$51,005	8	\$85,637	12	\$120,269

For each additional household member, add: \$8,658

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA commodities according to current income guidelines. I understand that:

TEFAP COMMODITIES CAN ONLY BE RECEIVED ONCE IN ANY GIVEN MONTH.

Applicant Signature: _____

For intake workers use only: Please print!!

Interviewer (please print): _____ Date: _____

(Rev. 8/2010)

Applications must be retained onsite for 4 years. Previous editions of this form are no longer valid.

Please Print names of all household members, Applicant first!

	Last Name	First Name	MI	M/F	DOB	Ethnicity	Relationship
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Alternate Pick up: _____

In office use only

	Date	Verify Address	Verify Income	Number in Household
October				
November				
December				
January				
February				
March				
April				
May				
June				
July				
August				
September				