IOWA HHS

Iowa Department of Health and Human Services
The Emergency Food Assistance Program
(TEFAP) Eligibility

Name	Number of people in your household
Full physical address	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

TEFAP Income Guidelines Effective July 1, 2023 – June 30, 2024

House-hold Size	1	2	3	4	5	6	7	8	For each additional household member add:
Yearly Income	26,973	36,482	45,991	55,500	65,009	74,518	84,027	93,536	+9,509
Monthly Income	2,248	3,041	3,833	4,625	5,418	6,210	7,003	7,795	+793
Weekly	519	702	885	1,068	1,251	1,434	1,616	1,799	+183

You are also eligible to receive food from TEFAP if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

☐ SNAP   ☐ Free or Reduced Lunches

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

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in Iowa. This certification form is being completed in connection with the receipt of federal assistance. I understand that once I sign this form, I am assumed to be eligible for future distributions. I understand I am required to report to the pantry if my income increases over the income amount listed for my household.

Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

I understand the USDA nondiscrimination statement is provided on the back of this form and a copy is available upon my request.

Signature	Date

470-5313 (Rev. 04/23)