



Alternate Household Application for USDA Foods

The Emergency Food Assistance Program (TEFAP). *Sites may request but must not require proof of information.*

1) I am a member or a proxy of the household living at the address provided and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; 2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct. I acknowledge that I may be prosecuted for making false statements related to the information I have provided for this application

<u>Household Member of Proxy Print and Sign</u>	<u>Address, City, Zip</u>	<u>Household Size</u>	<u>Certification (completed by pantry)</u>			<u>Not Eligible</u>
			<u>Eligible</u>			
			<u>Categorical</u>	<u>Income</u>	<u>Crisis</u>	

Certification Period: The households above deemed eligible by categorical, or income eligibility are certified for one year beginning the date listed below. Applicants deemed eligible by crisis eligibility are certified for six months beginning the date listed below

Name of Pantry Member: _____

Signature: _____



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