



Office of Community Services (OCS)
Department of Labor and Industrial Relations
State of Hawaii

Agency Name: _____ **TEFAP COMMODITY DISTRIBUTION** Agency #: _____ Date: _____

I certify that my yearly gross income is at or below that income listed on this form for households with the same number of people as my household, OR that my household participates in the TEFAP program. I also certify that, as of today, my household lives in the County of Honolulu. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, 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.*

2020 ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty) (more than 8 add \$9,528.00 for each additional person)

Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income
1	\$27,158.00	2	\$36,686.00	3	\$46,213.00	4	\$55,740.00	5	\$65,268.00	6	\$74,796.00	7	\$84,323.00	8	\$93,851.00

Name	City	Household				Agency Use Only					By SIGNING BELOW , I certify that my household size and income make me eligible to participate in the Emergency Food Assistance Program.				
		# of Adult	# of Children	Employed (Yes/No)	Rcvd Gov't Asst (Yes/No)	1st visit this month (Yes/No)	C & C Food (✓ = Yes)	SH Food (✓ = Yes)	Regular Food (✓ = Yes)	TEFAP Food (✓ = Yes)					
Page Totals															