

EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) CERTIFICATION OF ELIGIBILITY

CERTIFICACION DE ELEGIBILIDAD PARA EL PROGRAMA DE ASISTENCIA PARA RECEBIR ALIMENTOS EN CASO DE EMERGENCIA (EFAP)

FOOD DISTRIBUTION AGENCY NAME:			DISTRIBUTION DATE & TIME:			PAGE ____ OF ____							
DISTRIBUTION ADDRESS:			CONTACT NAME:			CONTACT PHONE: ()							
<p style="text-align: center;">CERTIFICATION</p> <p>I certify under penalty of perjury that my household income for the past 30 days does not exceed the Emergency Food Assistance Program's (EFAP) posted monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that my household has not previously received commodities for this month. Commodities are for my personal home uses, not to be sold, traded or given away.</p>			<p style="text-align: center;">CERTIFICACION</p> <p>Certifico bajo pena de perjurio que los ingresos de mi hogar correspondientes a los pasados 30 dias no exceden las normas mensuales fijadas por Los Programas de Asistencia para Casos de Emergencia (EFAP) o en relacion a los pasados 12 meses no exceden las normas anuales y que mi hogar no ha recibido con anterioridad productos para este mes. Los productos son para ser usados en mi hogar, no para regalar o cambiar.</p>			Number of people in households Numero de personas en el hogar		Please check one box		Please check one box		First Time Here? Check Yes or No Primera vez aqui? Marque Si or No	
Signature Firma		Address Direccion		Zip Code Codigo Postal				Self-Certify	Other	M	F	Yes Si	No No
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