

Agency Name \_\_\_\_\_

Distribution Date \_\_\_\_\_

Site Address \_\_\_\_\_

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This table shows a gross income for each household size  
Based on 200 Percent Federal Poverty Income Guidelines

Household	Annual	Monthly	Weekly
1	\$25,520	\$2,126	\$490
2	\$34,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	\$52,400	\$4,366	\$1,007
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,606	\$1,524
8	\$88,240	\$7,353	\$1,696
For each additional member add	\$8,960	\$746	\$172

**Please read the statement below carefully and then complete requested information and sign.**

This institution is an equal opportunity provider. **REQUIRED FIELDS CONTAIN AN ASTERISK (\*)**

**By signing this form, I declare that I am either: 1) In need of emergency food, or 2) A participant in an income-based program such as WIC, CSFP, Cash Assistance (FIP), households with children who receive free/reduced priced meals at their school through the National School Lunch Program or Food Stamps (FAP), or 3) In a household where the income falls at or below the posted federal poverty guidelines.**

	*Print Name	*# In House	#Child	# Srs	Vets	Zip	*Street address & City	*Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								