

Sign-In Sheet for Mobile Distribution

TEFAP-3 Eligibility Application Revised 09/2021

Date: _____		FNS		Monthly Income	Weekly Income	Number in Household	Authorized Proxy Name
		Yes	No	If you do not receive FNS Benefits (i.e. food stamps), Enter monthly or weekly income			
Household Name / L2F Household ID Number							
1	Name						
	Address						
2	Name						
	Address						
3	Name						
	Address						
4	Name						
	Address						
5	Name						
	Address						
6	Name						
	Address						
7	Name						
	Address						
8	Name						
	Address						
9	Name						
	Address						
10	Name						
	Address						
11	Name						
	Address						
12	Name						
	Address						

Effective October 1, 2021 through September 30, 2022

Household Size	Per Year	Per Month	Per Week
1	\$25,776	\$2,148	\$496
2	\$34,848	\$2,904	\$670
3	\$43,920	\$3,660	\$845
4	\$53,016	\$4,418	\$1,020
5	\$62,088	\$5,174	\$1,194
6	\$71,160	\$5,930	\$1,368
7	\$80,256	\$6,688	\$1,543
8	\$89,328	\$7,444	\$1,718
EACH ADDITIONAL FAMILY MEMBER	(\$9,096)	(\$758)	(\$175)