The Emergency Food Assistance Program State of New Mexico (TEFAP)

Name: ___________________________ Number of Adults in Household: ___
Address: ___________________________ Number of Children in Household: ___
City/State/Zip: ___________________________ County: ___________________________ Phone: ___________________________

**Automatic Eligibility for TEFAP/USDA Food:**
My Household receives SNAP/FDPIR/WIC/CSFP/CACFP/FREE or REDUCED NSLP

**YOU MAY SKIP THE NEXT SECTION IF YOUR HOUSEHOLD ALREADY RECEIVES SNAP/FDPIR/WIC/CSFP OR NSLP.**
**PLEASE SIGN AND DATE THE APPLICATION**

If You Did Not Check the Box Above, Please Continue:
On the following chart, please circle the number of people in your household. Circle the income limit that matches the size of household. Is your income the same or lower than the number you circled?  

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every 2 Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,269</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
</tbody>
</table>

For Each Add’l Family Member, Add 8,177 682 341 315 158

I certify that the total gross income for my household is at or below the income I have circled or that my household is automatically eligible based on the programs I checked above.

_________________________       ___________________________
Signature Date

Certifier
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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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