This table shows a yearly gross income for each family size. If your income is at or below the income listed for the number of people in your household you are eligible to receive food. Please read the following statement carefully. Then sign the form and write in today's date.

This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through the Emergency Food Assistance Program

INCOME

Household Size	Year	Month	Week
1	$20,799	$1,733	$399
2	$27,999	$2,333	$538
3	$35,199	$2,933	$676
4	$42,399	$3,533	$815
5	$49,599	$4,133	$953
6	$56,799	$4,733	$1,092
7	$63,999	$5,333	$1,230
8	$71,199	$5,933	$1,369
9	$78,399	$6,533	$1,507
10	$85,599	$7,133	$1,646
For each additional Family member add	$7199	$599	$138

I certify that my current gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having too 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.

_____ _____

Signature Date