

**State of Virginia - USDA  
Emergency Food Assistance Program**

Agency ID No: 0095-2  
Agency/EFO: Fauquier County Food  
Distribution Coalition  
Preparer's Name: \_\_\_\_\_

## **Self Declaration of Income Form**

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Number in household \_\_\_\_ Number under 18 \_\_\_\_ Number over 65 \_\_\_\_ Number under 5 \_\_\_\_

Qualification:

Food Stamps \_\_\_\_\_ SSI \_\_\_\_\_ Medicaid \_\_\_\_\_ TANF \_\_\_\_\_ WIC \_\_\_\_\_

OR

Income \_\_\_\_\_ per \_\_\_\_\_

I certify that I am the only person in the household at the above address who has applied for this assistance. I certify that the income of all the persons in my household is not more than the amount shown and that the information I have provided is correct to the best of my knowledge. I understand that I may only receive TEFAP food from ONE agency per month.

Signature \_\_\_\_\_ Date \_\_\_\_\_