

**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 month

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 _____

Fauquier County Food Distribution Coalition

www.fauquierfood.org

540-905-7227