

SELF DECLARATION OF INCOME FORM July 1, 2007 – June 30, 2008

AGENCY NAME: Radford Fairlawn Daily Bread AGENCY NUMBER AGR 704
 PREPARER NAME: _____

Client Name: _____ Number of adults in household: _____

Address: _____ Number of children under age 18 years: _____

City/County: _____

Are you participating in the Food Stamp Program, receiving Medicaid, or Supplemental Security Income (SSI)? YES _____ (automatic eligibility) NO _____

If not, eligibility is based on income. This chart shows income for household sizes. If the total household gross income is at or below the income listed on this chart for the household size, the client is eligible to receive food. A "household" is an individual living alone or a group of related or non-related persons, not living in an institution and not including boarders, who live as one unit and share food and money.

Total Income \$ _____ circle- Annually Monthly Bi-Weekly Weekly

Size	Annually	Monthly	Biweekly	Weekly
1	15,315	1,276	589	295
2	20,535	1,711	790	395
3	25,755	2,146	1,073	537
4	30,975	2,581	1,291	645
5	36,195	3,016	1,508	754
6	41,415	3,451	1,726	863
7	46,635	3,886	1,943	972
8	51,855	4,321	2,161	1080
Each add'l	5,220	435	218	109

Please read the following carefully, sign and date. I certify that I am eligible to receive federal food because of my household income or my participation in the above-listed programs. No one else in my household has applied for food assistance and my household does not receive food from another agency. I also understand that I may only receive TEFAP food once per month. I understand that my information may be verified and declare that all the information provided is true to the best of my knowledge.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date