



**THE EMERGENCY FOOD ASSISTANCE PROGRAM(TEFAP)
MARYLAND SELF DISCLOSURE FORM**

BUILDER'S INC.

5135 Marlboro Pike
Capital Heights, MD 20743
(301) 735-8641

DATE: _____ NUMBER IN HOUSEHOLD: _____

CHECK PICTURE ID FOR PROOF OF IDENTITY AND ADDRESS: YES _____ NO _____

CATEGORY OF ELIGIBILITY: CHECK WHAT APPLIES

____ SNAP Recipient ____ Medical Assistance Recipient ____ TANF Recipient

____ Unemployment Recipient ____ Energy Assistance Recipient

____ Household income at or below 150% of the Federal Poverty Guidelines as shown below:

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Income Eligibility Guidelines Effective October 1, 2021

Household Size	Annual Income	Monthly Income
1	\$19,320.00	\$1,610.00
2	\$26,130.00	\$2,178.00
3	\$32,940.00	\$2,745.00
4	\$39,750.00	\$3,313.00
5	\$46,560.00	\$3,880.00
6	\$53,370.00	\$4,448.00
7	\$60,180.00	\$5,015.00
8	\$66,990.00	\$5,583.00
For each additional household member, add:	+ \$6,810.00	+ \$567.00

APPLICANT:

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

AUTHORIZED PROXY

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

USDA Nondiscrimination Statement

All FNS nutrition assistance programs, State or local agencies, and their sub-recipients must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8330. Additionally, program information may be made available in languages other than English.

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, DC 20250-9410
- 2) **Fax:** (202) 690-7442; or
- 3) **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

I certify the above information is true and correct and all income is considered. I understand misrepresentation of eligibility and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both.

APPLICANT SIGNATURE: _____

**AUTHORIZED PROXY
SIGNATURE:** _____

EMAIL:

CELL PHONE NUMBER: