

**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 18/under ____ Number 60/over ____ Number under 5 ____

Qualification:

Food Stamps ____ SSI ____ Medicaid ____ TANF ____ WIC ____

OR

Income _____ per month

STATEMENT OF NON-DISCRIMINATION:

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

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