



## St. Joseph's Food Pantry new client information

Date \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Address - if different from ID please verify current address:

\_\_\_\_\_  
 \_\_\_\_\_

Phone number- (        ) \_\_\_\_\_ - \_\_\_\_\_

Number in household – Adults (59-) \_\_\_\_\_ Children \_\_\_\_\_ Seniors (60+) \_\_\_\_\_

TFAP income verification: yes \_\_\_\_\_ no \_\_\_\_\_

### TEFAP/CSFP Income Guidelines October 1, 2019 – September 30, 2020

Assistance Unit Size	Maximum Gross Monthly Income 130% of Poverty	Maximum Gross Annual Income
1	\$1354.00	\$16,248.00
2	\$1832.00	\$21,984.00
3	\$2311.00	\$27,732.00
4	\$2790.00	\$33,480.00
5	\$3269.00	\$39,228.00
6	\$3748.00	\$44,976.00
7	\$4227.00	\$50,724.00
8	\$4705.00	\$56,460.00
9	\$5184.00	\$62,208.00
10	\$5663.00	\$67,956.00
Each Additional Member	+\$479.00	+\$5,748.00