

**WHEN COMPLETED PLEASE FAX BACK TO 907 842-4106 OR EMAIL TO bunn@bbna.com**

**TEFAP Application and Registration**

Effective October 1, 2020 through September 30, 2021

Please **Print FIRST AND LAST NAMES OF EACH HOUSEHOLD MEMBER** and **Mark the number in household**

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1)						6)										
2)						7)										
3)						8)										
4)						9)										
5)						10)										
MAILING ADDRESS																
PHYSICAL ADDRESS																
CITY, STATE & ZIP																
PHONE NUMBER																
PROXY NAME																

**INCOME INFORMATION**

**PROGRAMS BENEFITS:** Do you receive benefits from any of the following programs, yes or no:

<b>SNAP</b>		<b>TANF</b>		<b>SSI</b>		<b>CSFP or FDPIR</b>		<b>NSLP Free and Reduced Meal</b>	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**If yes please proceed directly to the applicant signature line.**

**INCOME:** Permanent Fund Dividend; did anyone in your household receive the current year's PFD?

If YES, include the PFD amount received in your Annual Household Income (see chart below)

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$47,850	\$64,650	\$81,450	\$98,250	\$115,050	\$131,850	\$148,650	\$165,450

\*For each additional household member, **add \$16,800**

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

**Applicant Signature:** \_\_\_\_\_ **COVID\_19 WAIVER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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, religious creed, disability, age, political beliefs, 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) 877-8339.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**For intake workers use only: Please print!**

**Intake Worker (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Eligible  Ineligible-Reason