

**FOOD BANK OF ALASKA
CERTIFICATION OF ELIGIBILITY & RECEIPT FOR TEFAP COMMODITIES FY 2022**

AGENCY NAME: _____ AGENCY NUMBER: _____ PAGE _____ OF _____

FOR THE MONTH OF _____, 20____

I certify, under penalty of perjury, that my household income for the past 30 days does not exceed TEFAP guidelines and that my household (HH) has not *previously received commodities for this month. I affirm that commodities are for my personal home use and will not be sold, traded, or given away.

**Currently there are no limits on how many times a household can access commodities, households should only be recorded once on the monthly inventory report*

DATE _____

	SIGNATURE	PRINTED NAME	HS	ITEMS																	
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TOTALS																					
TF-10 (Rev 7/2013)																					