FOOD BANK OF ALASKA
CERTIFICATION OF ELIGIBILITY & RECEIPT FOR TEFAP COMMODITIES FY 2021

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.

DATE _____

ITEMS

	SIGNATURE	PRINTED NAME	HS																									
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
14																												
15																												
	TOTALS																											

TF-10 (Rev 7/2013)