

**FRATERNAL ORDER OF POLICE LODGE 40
FOOD ASSISTANCE PROGRAM**

HOUSEHOLD ELIGIBILITY GUIDELINES

HOUSEHOLD SIZE	YEAR	MONTH	WEEK
1	\$22979	\$1914	\$441
2	\$31019	\$2584	\$596
3	\$39059	\$3254	\$751
4	\$47099	\$3924	\$905
5	\$55139	\$4594	\$1060
6	\$63179	\$5264	\$1214
7	\$71219	\$5934	\$1369
8	\$79259	\$6604	\$1524
9	\$87299	\$7274	\$1678
10	\$95339	\$7944	\$1833
Additional Member add	\$8040	\$670	\$153

Clients certify that their current gross household income is at or below the income listed on this form for households with the same number of people in the household. Clients also certify that, as of today, the household lives in the area served by this agency. This information is provided in connection with the receipt of the Federal assistance through the Emergency Food Assistance Program and/or the state funded food program.

TO PARTICIPATE CLIENTS MUST PROVIDE THE FOLLOWING:

- Proof of Income
- Proof of Households
- Proof of Address
- Valid ID