

EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) CERTIFICATION OF ELIGIBILITY

緊急糧食補助計劃(EFAP) 合乎資格證明

分發場所欄 FOOD DISTRIBUTION AGENCY:		DISTRIBUTION DATE:	Page _____ of _____
SUBDISTRIBUTION SITE:	CONTACT NAME:		CONTACT PHONE: ()

<p align="center">CERTIFICATION</p> <p>I certify under penalty of perjury that my household income for the past 30 days does not exceed the Emergency Food Assistance Program's (EFAP) posted monthly guidelines, or for the past twelve months does not exceed the annual guidelines. Commodities are for my personal home use, not to be sold, traded or given away.</p>	<p align="center">證明</p> <p>我在願受對偽證作懲罰下證明，我家庭的收入在過去30天中沒有超過緊急糧食補助計劃(EFAP)所告示的每月指導方針，或者在過去十二個月中沒有超過年度的指導方針。這些供應物品是作為我個人家庭中的使用，而不是用來出售，作交易或贈送掉。</p>	<p>NUMBER OF PERSONS IN HOUSE-HOLD</p>
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SIGNATURE 簽名	ADDRESS 地址	ZIP CODE 郵政號碼	家庭 中 的人數
TOTAL 總人數			