

<b>N</b> Agency #:	Date:
)	<b>N</b> Agency #:

I certify that my yearly gross income is at or below that income listed on this form for households with the same number of people as my household, OR that my household participates in the program. I also certify that, as of today, my household lives in the County of Honolulu. This certification form is being completed in connection with the receipt of Federal assistance. Per State policy, program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

## 2022 ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty) (more than 8 add \$10,045.50 for each additional person)

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Size	Income														
1	\$28,915.50	2	\$38,961.00	3	\$49,006.50	4	\$59,052.00	5	\$69,097.50	6	\$79,143.00	7	\$89,188.50	8	\$99,234.00

			Hou	sehold Info		<u>Part</u>					
Client's First and Last Name	Zip Code	# of Adult	# of Children	Employed? Yes or No	Receives Gov't Asst? Yes or No	Armed Forces?  A = Active Duty  V = Veteran  N = No	1st visit this month? Yes or No	REGULAR Food? X = Yes	SEFAP Food? X = Yes	TEFAP Food? X = Yes	<u>Staff/Volunteer</u> <u>Initial</u>
	Page Totals										