



# State of New Mexico

## The Emergency Food Assistance Program (TEFAP)

NAME: \_\_\_\_\_ NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

### SECTION 1:

**Automatic Eligibility for TEFAP:** If your household receives one of the following, please check the box below: **SNAP (Food Stamps)/FDPIR/WIC/CSFP (Senior Food Box Program)**

Check box if you receive one of the above programs

**IF YOU CHECKED THE BOX ABOVE IN SECTION 1, YOU WOULD SKIP SECTION 2 AND GO TO SECTION 3 AT THE BOTTOM OF THE PAGE. IF YOU DID NOT CHECK THE BOX ABOVE, PLEASE FILL OUT SECTION 2 AND 3.**

### SECTION 2:

On the table below, please circle the number of people in your household **AND** circle the income limit that matches the size of household.

#### GROSS INCOME LIMITS – NEW MEXICO TEFAP/USDA FOODS PROGRAM (July 1, 2024 – June 30, 2025)

Household Size	Annual Income	Monthly Income	Twice per Month Income	Every 2 Weeks Income	Weekly income
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For Each Additional Family Member, Add	9,953	830	415	383	192

Is your income the same or lower than the number you circled?  YES  NO

### SECTION 3:

#### Please Sign and Date the Application Below

I self-attest that the total gross income for my household is at or less than the income I have circled or that my household is automatically eligible based on the programs I checked above. I self-attest that I reside within the NM County and Zip Code provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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