

Application
St. Anne's Ecumenical Food Pantry

PLEASE PRINT

DATE _____

Applicant Name _____ M or F _____ Date of birth _____

Telephone# (cell) _____ (home) _____ (e mail) _____

Street Address _____ Apt. # _____

Town _____ State _____ NH _____ Zip _____

How long have you lived at your present address? _____ Do you own? _____ Rent? _____

Name, Date of Birth and Sex of each other person living in household.

_____ Date of Birth _____ M or F

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Are you a member of St. Anne's? _____ How did you hear about the food pantry? _____

Are you presently employed? _____ What is your monthly income? _____

Describe any additional income _____ What is the monthly amount? _____

Is another adult in your household presently employed? What is their monthly income? _____

Why are you seeking assistance? _____

How long do you expect to need assistance? _____

Please answer the following questions.

Have you applied to any State agencies for aid? _____

What is the name of your caseworker? _____

Caseworker telephone number _____ Case number _____

Are you or any member of your household currently receiving help from any of the following programs?

(Please include the amount you receive per month.)

Fuel assistance _____

EBT card _____

Medicaid (State Welfare) _____

Head Start _____

Housing assistance _____

Women, Infant & Children (WIC) _____

Aid to the blind _____

Old age assistance _____

Aid to families with dependant children (AFDC) _____

Supplemental Social Security (SSI) _____

Aid to Permanently and Totally Disabled (APTD) _____

Commodity Supplemental Food Program (CSFP) _____

Is your combined **Gross Yearly Household Income** at or below the following guidelines? _____

Fam-1 - \$21,590 yr. /\$1,800 mon. Fam-2 - \$29,101 yr. /\$2,426 mon. Fam-3 - \$36,612 yr. /\$3,051 mon.

Fam-4 - \$44,123 yr. /\$3,677 mon. Fam-5 - \$51,634 yr. /\$4,303 mon. Fam-6 - \$59,145 yr. /\$4,929 mon. 7 - \$66,656 yr. /\$5,555 mon.

I hereby certify that the above information is true and accurate.

I understand that it is sought in connection with the receipt of one household allotment of surplus food.

This food is not to be sold or exchanged. I have not received any surplus food at other distribution sites.

Signature of Recipient

Date