2016-2017 EMERGENCY SUPPLEMENTAL FOOD ASSISTANCE PROGRAM

Please Print Clearly

Applicant Name _____

Street Address: _____

City/Town (REQUIRED) _____ **Zip Code:** _____

Primary Phone #: ( ) _____ **Alternate Phone #: ( )** _____

Mailing Address: (if different) _____

********** Section I: Income Eligibility: **********

Circle the number of people in your household on the list below.

1 person - $21,978	3 people - $37,296	5 people - $52,614	7 people - $67,951	9 people - $83,343
2 people - $29,637	4 people - $44,955	6 people - $60,273	8 people - $75,647	10 people - $91,039

Is your household Gross Yearly Income less than the amount next to the number you circled?

Yes_____ No_____

********** Section II: Program Eligibility: **********

Are you or any member of your household currently receiving help from any of the following programs? If so, please check every program that applies to your household:

___ Fuel Assistance/Electrical Assistance
___ Women, Infants and Children (WIC)
___ Temporary Assistance to Needy Families (TANF)
___ Aid to Permanently and Totally Disabled (APTD)
___ County, City or Town Welfare
___ Free/Reduced School Meals Assistance
___ Head Start
___ Food Stamps
___ Medicaid / Children's Medicaid
___ Aid to Needy Blind
___ Subsidized Housing (Rental Subsidy)
___ Commodity Supplemental Food Pgm.
___ SSI, SSDI or Social Security Income
Other_____

**********Household Information**********

List ALL members of household, beginning with YOUR name FIRST:

FIRST NAME	LAST NAME	DATE OF BIRTH
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____
7._____	_____	_____
8._____	_____	_____
9._____	_____	_____
10._____	_____	_____

The above information is true and accurate. I understand that it is needed so that I can get one household pantry box of supplemental food weekly. This food is not to be sold or exchanged. I am not currently receiving foods at other pantries. True____ False____

Signature of Applicant_____ **Date**_____

PLEASE REMEMBER:

NO parking in TCK rear parking lot – Pantry Line is ONE WAY – Bring your own box, bags or laundry basket