

**2018-2019 EMERGENCY SUPPLEMENTAL FOOD ASSISTANCE PROGRAM**



Please Print Neatly

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 - \$22,459      3 people - \$38,443      5 people - \$54,427      7 people - \$70,411      9 people - \$86,395
- 2 people - \$30,451      4 people - \$46,435      6 people - \$62,419      8 people - \$78,403      10 people - \$94,387

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?

- |   |  |
|---|--|
| <input type="checkbox"/> Fuel Assistance/Electrical Assistance<br><input type="checkbox"/> Women, Infants and Children ( <b>WIC</b> )<br><input type="checkbox"/> Temporary Assistance to Needy Families ( <b>TANF</b> )<br><input type="checkbox"/> Aid to Permanently and Totally Disabled ( <b>APTD</b> )<br><input type="checkbox"/> County, City or Town Welfare<br><input type="checkbox"/> Free/Reduced School Meals Assistance<br><input type="checkbox"/> Head Start | <input type="checkbox"/> Food Stamps<br><input type="checkbox"/> Medicaid / Children’s Medicaid<br><input type="checkbox"/> Aid to Needy Blind<br><input type="checkbox"/> Subsidized Housing (Rental Subsidy)<br><input type="checkbox"/> Commodity Supplemental Food Pgm.<br><input type="checkbox"/> <b>SSI, SSDI</b> or Social Security Income<br><input type="checkbox"/> Other _____ |
|---|--|

\*\*\*\*\* Household Information \*\*\*\*\*

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

<u>FIRST NAME &amp; LAST NAME</u>	<u>DATE OF BIRTH</u>
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 \_\_\_\_\_

**New Household or Family Member:**

**(1) EACH PERSON, needs ONE PROOF OF DATE OF BIRTH (with current last name)**

- \* Driver's license
- \* Non-driver ID
- \* Birth certificate with current last name
- \* Immunization record/Medical record
- \* Card/Form from hospital where baby was born
- \* Insurance card showing date of birth
- \* Marriage Certificate
- \* Car Registration

\*\*\*\* **NO SOCIAL SECURITY CARDS** \*\*\*\*

**Every Household, every year:**

**(2) EACH PERSON needs ONE current PROOF OF PHYSICAL ADDRESS (NOT a PO Box)**

- \* Driver's License if it shows the current physical address
- \* Non-driver ID if it shows the current physical address
- \* Car registration
- \* Lease/ Rental agreement
- \* Utility bill showing your service address
- \* Mail with recent postmark addressed to your physical home
- \* Dated note from landlord stating your address – landlord name must be legible
- \* Dated Rent Receipt showing name & address
- \* Letter from School to "Parent of" (Child's Name), showing address
- \* Assistance program acceptance letter (**Food Stamps, Medicaid, TANF, APTD**, etc.) showing all that qualify
- \* (For child) - **WIC** Voucher showing child's name and parent's name
- \* (For child) - Current court documents showing custody
- \* Referral letter from one of the Keene Homeless Shelters

**(3) EACH ADULT needs ONE current PROOF of INCOME or PROOF of ENROLLMENT in an ASSISTANCE PROGRAM:**

**Examples of PROOF of Income are:**

- \* Paystub
- \* Copy of your income tax return if you are self-employed
- \* Printout from the Social Security Administration (available by calling **1-800-772-1213** or at **www.socialsecurity.gov/myaccount**) showing this year's income
- \* Copy of bank statement if your paycheck or Social Security is directly deposited into your account

**Examples of PROOF of Enrollment are:**

- \* Fuel assistance letter
- \* **WIC** voucher
- \* Food Stamp Card
- \* Medicaid Card
- \* Acceptance Letter from Assistance Program (**Food Stamps, Medicaid, TANF, APTD**, etc.)
- \* Lease for Subsidized Housing
- \* Referral letter from town welfare office or social service agency
- \* Free/Reduced School Lunch Enrollment Letter

**Annual Reverification:**

**Updates Begin JULY 11, 2018 & Due September 6, 2018**

\*\*\*\* *If you want someone else to pick up your box, one time or on an ongoing basis, a dated note saying that they have permission to do so is **REQUIRED**.*\*\*\*\*