

**2019-2020 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 - \$23,107     **3** people - \$39,461     **5** people - \$55,815     **7** people - \$72,169     **9** people - \$88,523

**2** people - \$31,284     **4** people - \$47,638     **6** people - \$63,992     **8** people - \$80,346     **10** people - \$96,700

**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                   | <input type="checkbox"/> Food Stamps                                |
| <input type="checkbox"/> Women, Infants and Children ( <b>WIC</b> )              | <input type="checkbox"/> Medicaid / Children’s Medicaid             |
| <input type="checkbox"/> Temporary Assistance to Needy Families ( <b>TANF</b> )  | <input type="checkbox"/> Aid to Needy Blind                         |
| <input type="checkbox"/> Aid to Permanently and Totally Disabled ( <b>APTD</b> ) | <input type="checkbox"/> Subsidized Housing (Rental Subsidy)        |
| <input type="checkbox"/> County, City or Town Welfare                            | <input type="checkbox"/> Commodity Supplemental Food Program        |
| <input type="checkbox"/> Free/Reduced School Meals Assistance                    | <input type="checkbox"/> <b>SSI, SSDI</b> or Social Security Income |
| <input type="checkbox"/> Head Start  | 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 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) - 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
- \* 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 2, 2019 & Due September 5, 2019**

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