

PANTRY RE-VERIFICATION IN 2020 WILL (LIKE EVERYTHING ELSE) BE A LITTLE DIFFERENT

PLEASE FILL OUT ATTACHED FORM COMPLETELY

- If address & household member(s) is the same as last year, check the NO CHANGES box at the top, complete form and turn in.
(Nothing more is required.)
- *If address has changed*, please check the CHANGES box at the top, complete form, attach proof of current mailing address for each person(s) and turn in.
- *If adding a household member*, please check the CHANGES box at the top, complete form, attach proof of date of birth & mailing address and turn in.
- *If you are a new client for the pantry*, please check the NEW box at the top, complete form, attach proof of address, income and date of birth and turn in.

Thank you for your cooperation.



NEW

CHANGES

NO CHANGES

2020/2021 EMERGENCY SUPPLEMENTAL FOOD ASSISTANCE PROGRAM

COVID19 RELIEF ***INCOME LEVELS ARE TEMPORARY***



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 - \$30,624 3 people - \$52,128 5 people - \$73,632 7 people - \$95,136
- 2 people - \$41,376 4 people - \$62,880 6 people - \$84,384 8 people - \$105,888

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?

- 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 Program
- SSI, SSDI or Social Security Income
- Other _____

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

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

<u>FIRST NAME & 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

THESE INCOME LEVELS ARE TEMPORARY TO COVER
THE COVID-19 CRISIS ONLY

**** *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**.*****