

GREATER WASHINGTON COUNTY FOOD BANK

Application for Supplemental Food Assistance

July 1, 2015 to June 30, 2016

Food Pantry Name _____

Date of Birth _____ Pkg. Size _____

1. Name of Applicant _____

8. Phone # (____) _____

2. Co-Applicant _____

9. # Ages 0-5 _____ # Ages 18-34 _____

3. Street Address _____

Ages 6-12 _____ # Ages 35-59 _____

P.O. Box _____

Ages 13-17 _____ # Ages 60 and over _____

4. City _____

10. Total # in Household _____

5. State/Zip _____

11. # Legally Disabled _____

6. Race: African American Asian Caucasian Hispanic Other _____

12. # of Veterans _____

7. Applicant's ID# _____
(Last four digits of SS# + 1" 2 lrs of last name)

13. Total # of Males _____ Females _____

14. Food Stamps ☐ Yes ☐ No

17. Income Type

15. Total Household

\$ _____ Disability \$ _____ Social Security

Monthly Income \$ _____

\$ _____ Pension \$ _____ SSI

16. Participate in CSFP _____

\$ _____ Public Assistance \$ _____ Underemployment

\$ _____ Unemployment \$ _____ Child Support

\$ _____ Self Declaration \$ _____ No Income

Months: ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

Total Household Income (based on 150% of Poverty)

Household Size
Circle One

Annual

Monthly

Weekly

1

\$ 17,655

\$ 1,471

\$ 340

2

\$ 23,895

\$ 1,991

\$ 460

3

\$ 30,135

\$ 2,511

\$ 580

4

\$ 36,375

\$ 3,031

\$ 700

5

\$ 42,615

\$ 3,551

\$ 820

6

\$ 48,855

\$ 4,071

\$ 940

7

\$ 55,095

\$ 4,591

\$ 1,060

8

\$ 61,335

\$ 5,111

\$ 1,180

For each additional family

member add: \$ 6,240

\$ 520

\$ 120

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.

Signature of Applicant _____ Date _____

Signature of Pantry Representative _____ Date _____

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you feel you have been discriminated against, please complete The Emergency Food Assistance Program Civil Rights Discrimination Complaint Form and send it to the Regional Civil Rights Director, USDA/FNS, 300 Corporate Boulevard, Robbinsville, New Jersey 08691-1598 or to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD).