

Last Name:_____ First :_____

Spouse/Roommate: _____

Street Address: (NO PO BOXES): _____

City; _____ Zip Code: _____ Phone: Home: _____

Cell: _____

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

Total number of Females: _____ Total number of Males: _____

Number of Adults in Household Ages: 18-44 _____ 45-64 _____ Over 65 _____

Number of Children: (under 18) _____

Ages: _____, _____, _____, _____, _____, _____, _____, _____

EMPLOYMENT (all household members)

Employer: _____ Monthly income: _____

Employer: _____ Monthly income: _____

OTHER INCOME: (Monthly, include all members of household)

Soc. Sec. \$ _____ Pension \$ _____ Disability \$ _____ VA Benefits \$ _____

Unemployment \$ _____ Food Stamps \$ _____ Child Support \$ _____

Other \$ _____

FOOD FOR FAIRVIEW, INC. distributes food as available, without regard to Race, Religious Affiliation or National Origin. The only requirements for assistance are to be a RESIDENT of FAIRVIEW, REYNOLDS AREA or GERTON in need of assistance. The foregoing information will be held in strict confidentiality.

I hereby authorize Food for Fairview, Inc. staff to contact any person or agency herein names, to discuss the issues surrounding this application for emergency food assistance, I verify that the information given above is truthful and I have not attempted to misrepresent my needs for emergency assistance.

Client Signature:_____ Dated: _____

Food for Fairview Staff Signature: _____ Dated: _____

Applicant has presented _____as verification of residency.

NOTES:_____

01/06/14

