**EMERGENCY FOOD ASSISTANCE PROGRAM**

**Please Print**

Applicant Name: ___________________________ Tel. No.: ___________________________

Name of Spouse or other adult in household: _______________________________________

Street Address and City/Town: ___________________________________________________

Mailing Address (If different): ___________________________________________________

Total Number in Household: ___ How many age 60 and over? ___ How many age 18 and under? ___

### SECTION I: Program Eligibility

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? (If so, please check every program which applies to your household.)

- [ ] Fuel Assistance
- [ ] Women, Infants and Children (WIC)
- [ ] Commodity Supplemental Food Program (CSFP)
- [ ] Temporary Assistance to Needy Families (TANF)
- [ ] Aid to Permanently and Totally Disabled (APTD)
- [ ] Head Start
- [ ] Food Stamps
- [ ] Medicaid (State Welfare)
- [ ] Aid to the Needy Blind
- [ ] Old Age Assistance
- [ ] Subsidized Housing (Rental Subsidy)
- [ ] County, City or Town Welfare

**Eligible:** [ ] Yes [ ] No

### SECTION II: Income Eligibility

If you placed a checkmark next to at least one program in SECTION I, DO NOT COMPLETE SECTION II.

<table>
<thead>
<tr>
<th>Gross Yearly Household Income</th>
<th>Eligible: [ ] Yes [ ] No</th>
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<tbody>
<tr>
<td>1 - $21,257</td>
<td>3 - $36,131</td>
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<tr>
<td>2 - $28,694</td>
<td>4 - $43,568</td>
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<tr>
<td>7 - $65,879</td>
<td>8 - $73,316</td>
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I hereby certify that the above information is true and accurate. I understand that it is sought in connection with the receipt of one household allotment of surplus food. This food is not to be sold or exchanged.

Signature of Recipient: ___________________________ Date: ___________________________

**Please enter the first and last name and age of each household member.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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