

Lakes Region Food Pantry Application

PO BOX 1132

Moultonboro, NH 03254

(603)986-0357 or (603)476-5400

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_

Email \_\_\_\_\_

# of People in Household \_\_\_\_\_

Full Names and Date of Birth of all Household members(include yourself)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

\*\*\*\*Proof of income verification for ALL ADULTS in the household except dependents in school under the age of 23(may use proof of assistance already receiving i.e. food stamps, fuel assistance WIC) This is needed to complete application and is required in order to receive your monthly vouchers. Incomplete applications will be returned.

Signature \_\_\_\_\_ Date \_\_\_\_\_