



Client Name: _____
 Client Address: _____
 City: _____ County: _____
 State: _____ Zip: _____
 Phone: (home) _____ (cell) _____

<p>OFFICE USE ONLY</p> <p>PROOF OF RESIDENCY:</p> <p>_____</p>

Household Info:

List names, ages and relationships of household family member

NAME	AGE	RELATIONSHIP	Total Household Income (based on 150% of Poverty)			
			Household Size	Annual	Monthly	Weekly
			1	\$ 18,090	\$ 1,508	\$ 348
			2	\$ 24,360	\$ 2,030	\$ 468
			3	\$ 30,630	\$ 2,553	\$ 589
			4	\$ 36,900	\$ 3,075	\$ 710
			5	\$ 43,170	\$ 3,598	\$ 830
			6	\$ 49,440	\$ 4,120	\$ 951
			7	\$ 55,710	\$ 4,643	\$1,071
			8	\$ 61,980	\$ 5,165	\$1,192
			<i>For each additional family member add:</i>	\$6,270	\$523	\$121

The undersigned client certifies that the information/answers provided are complete and true.

You further agree to the following:

- You understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Food is provided on a **FIRST COME, FIRST SERVED** basis and I relinquish this Food Pantry of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk.
- There is no guarantee to the amount or type of food product given.
- You will not sell the food or non-food products or exchange/barter food or nonfood products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at this food pantry.

CLIENT SIGNATURE: _____ DATE: _____

PANTRY VOLUNTEER SIGNATURE _____ DATE: _____