

TOLLAND FOOD ASSISTANCE - APPLICATION

ID# _____

Date: _____ Applicant: _____ DOB: _____

Phone Number: _____

Address: _____

Email: _____

REQUIRED: RESIDENCY VERIFIED:

Driver's License/Other ID Other Verification

LIST ALL OTHER PERSONS IN HOUSEHOLD:

<u>Name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

Programs Interested In:

- Food Pantry Program**

- Tolland Fresh Program** (Season runs May-December)

INCOME (Please indicate all sources and amounts of monthly gross income for each household member listed above):

<u>Name</u>	<u>Source</u>	<u>Amount / How Often</u>
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____

A Tolland household is eligible to utilize Food Assistance if it meets ANY of the following criteria:

1) The household participates in any of the following programs, (check all that apply) :

- | | |
|---|--|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> State Administered General Assistance (SAGA) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Husky Part A or Part B | <input type="checkbox"/> State Supplement to the Blind or Disabled |
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Supplemental Security Income (SSI) |

2) OR the household's income is less than the following income guidelines (60%SMI):

	1	2	3	4	5	6	7
Annual Income:	\$39,027	\$51,035	\$63,044	\$75,052	\$87,060	\$99,069	\$101,320
Asset Limit:	\$14,000 per household						

3) OR the household is in a crisis situation as described below:

I, the applicant for Food Assistance, hereby certify that the information I have provided above is accurate and complete to the best of my knowledge. I understand that if this information is found to be false that I may not be allowed to use the Food Assistance in the future.

Applicant's Signature/Date

Staff Member's Signature/Date