

# TOLLAND FOOD PANTRY - APPLICATION

ID# \_\_\_\_\_

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**REQUIRED: RESIDENCY VERIFIED:**

Driver's License/Other ID  Other Verification

**LIST ALL OTHER PERSONS IN HOUSEHOLD:**

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

**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 use the Food Pantry 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"/> Energy Assistance	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> WIC	<input type="checkbox"/> State Supplement to the Blind or Disabled
<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Husky Part A or Part B	

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

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

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

\_\_\_\_\_

I, the applicant for Food Pantry 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 Pantry in the future.

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Staff Member's Signature/Date