

APPLICATION FORM

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MI _____

STREET ADDRESS: _____ (NO PO BOXES)

CITY: _____ ZIP CODE: _____ COUNTY _____

TOTAL IN HOUSEHOLD: _____ NUMBER IN EACH AGE GROUP: 0-18 _____ 19-64 _____ 65+ _____

NUMBER OF VETERANS: _____

EMPLOYED? Y___ N___ FOOD STAMPS? Y___ N___

LIST OTHERS AUTHORIZED TO PICK UP FOOD _____

By signing this form, I declare that:

1. I am either: 1) in need of emergency food **or** 2) a participant in a USDA income-based program, such as WIC, CSFP, or the Food Assistance Program (formerly "food stamps) **or** 3) in a household where the income falls at or below the posted Federal Poverty Level.
2. The food I receive today, or in the future, from the Matthew 25:35 Food Pantry will be used by me and/ or my household and will not be sold or misused in any way. The food I receive today comes from a variety of sources. I accept the food "as is" and release both the original donor and the pantry from any liabilities, losses, claims, causes, actions or suites of law pertaining to the food I receive.

Household Size	Annual	Monthly	Weekly
1	\$30,120	\$2,510	\$579
2	\$40,880	\$3,407	\$786
3	\$51,640	\$4,303	\$993
4	\$62,400	\$5,200	\$1,200
5	\$73,160	\$6,097	\$1,407
6	\$83,920	\$6,993	\$1,614
7	\$94,680	\$7,890	\$1,821
8	\$105,440	\$8,787	\$2,028
9	\$116,200	\$9,684	\$2,235
For each additional family member add	\$10,760	\$897	\$207

SIGNATURE: _____

Date: _____

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410.; 2) fax: (202) 690-7442; 3) email: program.intake@usda.gov This institution is an equal opportunity provider."

**MATTHEW 25:35 FOOD PANTRY
1200 US 31, MANISTEE**

Additional Information

(To allow us to serve you better, we request, but do not require, the following information.)

BIRTHDATE: _____

SPOUSE'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

MONTHLY **HOUSEHOLD** INCOME: \$ _____

TYPE OF ID: _____

PLEASE LIST THE NAME OF EACH MEMBER IN YOUR HOUSEHOLD AND THIER AGE. THANK YOU!

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____