

**MATTHEW 25:35 FOOD PANTRY****SEE REVERSE SIDE**

Location - Parish Center 249 6th Street, MANISTEE, MI 49660

Mailing - 254 6th St., MANISTEE, MI 49660

**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 \_\_\_

**By signing this form, I declare that:**

1. I am either:
  - 1) in need of emergency food **or**
  - 2) a participant in SNAP, WIC, FDPIR, CSFP, or SSI **or**
  - 3) in a household that has a student with an approved free/reduced-price school meals application **or**
  - 4) 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.

**Total Household Income Chart by Family Size**

Household Size	Annual	Monthly	Weekly
1	\$47,880	\$3,990	\$921
2	\$64,920	\$5,410	\$1,249
3	\$81,960	\$6,830	\$1,577
4	\$99,000	\$8,250	\$1,905
5	\$116,040	\$9,670	\$2,233
6	\$133,080	\$11,090	\$2,561
7	\$150,120	\$12,510	\$2,889
8	\$167,160	\$13,930	\$3,217
9	\$184,200	\$15,350	\$3,545
<b>For each additional family member add</b>	<b>\$17,040</b>	<b>\$1,420</b>	<b>\$328</b>

LIST OTHERS AUTHORIZED TO PICK UP FOOD \_\_\_\_\_

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

**\*Not Required in order to receive USDA food.**

**MATTHEW 25:35 FOOD PANTRY**  
**St. Joseph Parish Center (Lower Level)**  
**249 6th Street, Manistee, MI**

**Additional Information**

\*BIRTHDATE: \_\_\_\_\_

\*SPOUSE'S NAME: \_\_\_\_\_

\*HOME PHONE: \_\_\_\_\_ \*CELL PHONE: \_\_\_\_\_

**\*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: \_\_\_\_\_

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_