

YOUR NAME LAST _____ FIRST _____ MIDDLE _____

HOW MANY **ADULTS 18 yrs & Older** LIVE IN YOUR HOME? _____

Other Adults(First & Last Name) living in the Household _____

HOW MANY SENIORS? 55 yrs & Older (that are **included** in adults listed above) _____

NUMBER OF **CHILDREN Under 18 yrs old (living in the household)** _____

FIRST& LAST NAME OF CHILDREN/BIRTHDATE _____

ADDRESS _____ COUNTY _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (please circle) Home or Cell _____

Please check if applicable: WORKING __ VETERAN __ DISABLED __ UNEMPLOYED __

HOUSEHOLD MONTHLY INCOME _____

(Include income for all adults in the household including work, unemployment, disability, child support.)

SOURCE OF INCOME _____

IF YOU RECEIVE HELP FROM DHS OR OTHER SOURCES i.e. bridge card or food stamps HOW MUCH? \$ _____

MONTHLY **RENT** PAYMENT _____

MONTHLY **MORTGAGE** PAYMENT _____

UTILITIES & OTHER EXPENSES _____

DO YOU NEED OTHER HELP BESIDES FOOD? _____ (We may be able to refer you to another source.)

DO YOU GET FOOD FROM ANOTHER PANTRY? _____

By signing this, I agree to follow all posted and spoken rules while visiting the ACTS food pantry.

(Signature)

Office Only
Date: _____

New _____

Office Only
Updated: _____

Volunteer: _____

