

Nottingham Food Pantry
P.O. Box 209
Nottingham NH 03290

Date of Application: _____ Referred By: _____

Name: _____ Date of Birth: _____

Street Address: _____ Tele. # _____

Spouse/Co-applicant: _____ Date of Birth: _____

Number in household? _____

List below all persons living with you:

Name	Relationship	Date of Birth	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I hereby certify that the above information is true and accurate. I understand that the USDA food is not to be sold or exchanged.

Signature of Recipient

Date

Signature of Spouse/Co-applicant

Date

NOTTINGHAM FOOD PANTRY
APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We, _____ authorize any mental health professional, school official, Town of Nottingham official, or other person or organization having information concerning my/our circumstances to furnish such information to the Nottingham Food Pantry.

I/We authorize any state or county Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, Fuel Assistance, or any non-profit agency to release information from their files.

I/We also authorize the Nottingham Food Pantry to release information concerning my/our circumstances to any of the above listed organizations.

Applicant Signature

Date

Spouse/Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Relationship to applicant

Date

EMERGENCY FOOD ASSISTANCE PROGRAM

Please Print

Applicant Name: _____ Tel. No.: _____

Name of Spouse or other adult in household: _____

Street Address: _____

Mailing Address: _____ How many in household? _____
(If Different)

How many age 60 and over? _____

How many age 18 and under? _____

SECTION I: Program Eligibility

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? (If so, please check every program which applies to your household.)

Eligible: ☐ Yes ☐ No

☐ Fuel Assistance

☐ Food Stamps

☐ Women, Infants and Children (WIC)

☐ Medicaid (State Welfare)

☐ Commodity Supplemental Food Program (CSFP)

☐ Aid to the Needy Blind

☐ Temporary Assistance to Needy Families (TANF)

☐ Old Age Assistance

☐ Aid to Permanently and Totally Disabled (APTD)

☐ Subsidized Housing (Rental Subsidy)

☐ Head Start

☐ County, City or Town Welfare

SECTION II: Income Eligibility

If you placed a checkmark next to **at least one** program in SECTION I, **DO NOT COMPLETE SECTION II.**

Eligible: ☐ Yes ☐ No

Is your combined **Gross Yearly Household Income** at or below the following guidelines?

1 - \$21,978

3 - \$37,296

5 - \$52,614

7 - \$67,951

2 - \$29,637

4 - \$44,955

6 - \$60,273

8 - \$75,647

I hereby certify that the above information is true and accurate. I understand that it is sought in connection with the receipt of one household allotment of surplus food! This food is not to be sold or exchanged.

Signature of Recipient

Date

FOR OFFICE USE ONLY (USDA Commodities Received)
