



# Pantry Client Application

I am applying to be an eligible recipient to receive food.

\_\_\_\_\_  
*Print Full Name*                      (     )                      \_\_\_\_\_  
*Telephone ( cell / home )*                      *County*

\_\_\_\_\_  
*Street Address*                      *City*                      *State*                      *Zip Code*

\_\_\_\_\_  
*Email Address*

A. I receive Food & Nutrition Services:      Yes                      No      \_\_\_\_\_

**Official Use – Copy Provided**

*If you receive food & nutrition services submit your card so that a photocopy can be placed on file*

B. My household's gross income is      \$ \_\_\_\_\_      yearly      monthly      weekly

**Circle One**

C. The number in my household is \_\_\_\_\_ person(s). Put a number in each section below.  
18 & under \_\_\_\_\_      19-64 \_\_\_\_\_      65 & Over \_\_\_\_\_

D. The following persons are authorized to pick up my food:

1 \_\_\_\_\_  
*Name*                      *Relation*

2 \_\_\_\_\_  
*Name*                      *Relation*

**I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)**

Applicant Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Do not write below this line** \_\_\_\_\_

Issued by: \_\_\_\_\_                      Date: \_\_\_\_\_