

## Cuba Township Food Pantry Intake and Eligibility Verification Form

\*Applicant must be a Cuba Township resident with a valid ID, Proof of residency and proof of income for the last 30 days.

<b>Resident</b>	<b>Spouse</b>
Name: _____	Name: _____
DOB: _____	DOB: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

\*Please list all others living in household

Name	M/F	DOB	Age	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Below list income for ALL members residing in household. Income includes gifts, personal loans or monies received as beneficiary of a Trust.

<u>Income for a 30-day period</u>		<u>Expenses for a 30-day period</u>	
Unemployment	\$ _____	Rent/Mortgage	\$ _____
Social Security	\$ _____	Utilities	\$ _____
SSI	\$ _____	Vehicle loans	\$ _____
Veteran Benefits	\$ _____	Loans	\$ _____
Retirement Benefits	\$ _____	Other _____	\$ _____
Gross Wages	\$ _____	Other _____	\$ _____
Child Support	\$ _____	Other _____	\$ _____
Trust funds/Gifts	\$ _____	Other _____	\$ _____
<b>Total monthly income</b>	<b>\$ _____</b>	<b>Total monthly Expense</b>	<b>\$ _____</b>

LINK or SNAP (Yes or No) \$ \_\_\_\_\_      Subsidized Housing (yes or no) Rent \$ \_\_\_\_\_

I declare myself eligible to receive assistance and/or food products and that the information provided is true.

I will inform Cuba Township of all changes to residency and income in a timely manner. I understand that I will be required to provide evidence of information that I have provided and that failure to comply will result in my ineligibility of services.

I understand that all information provided to Cuba Township staff is kept confidential and will be shared with other agencies only with my consent either verbally or in writing.

I acknowledge that the selling or trading of items that I have received will deem me ineligible for assistance.

I understand the Cuba Township Food Pantry does not guarantee the quality or the condition of items provided.

I agree to hold harmless all Cuba Township employees, elected officials, trustees, volunteers, counselors and directors from and against any and all losses, damages, costs, charges, legal fees, recoveries, judgments, expenses, or penalties which may arise, be obtained against, imposed upon, or suffered by them which they sustain, incur, or be required to pay as a result of bodily injury, death or property damage or in any matter connected with, directly or indirectly by receiving assistance for my own use or benefit of any family member, friend or associate use.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Intake by \_\_\_\_\_

Date \_\_\_\_\_