

Sunset Gap community Center Food Pantry Application

Household name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Total Monthly Income: \$ _____

(Include child support, disability, SSI, aide for dependant children.)

Do you receive food stamps yes/no, amount per month _____.

Have you received assistance from any other agency?

Did you receive Food the last 6 months?

If yes, please list _____.

Number of people living in your household

Adults (18 – 59) _____ Children (Under 18) _____

Senior Citizens (60 or older) _____

Please list children's names and ages _____

Do you have any handicapped or elderly people living in your home? _____

How many _____

LIABILITY DISCLAIMER

Sunset Gap receives donated items and will not be held liable for any goods, services or products RECEIVED from Sunset Gap Food Pantry. By accepting goods, services, or products from Sunset Gap, you understand there is no guarantee, warranty, or liability on our part. By signing this form, and accepting goods, services, or products, I agree to the terms mentioned above. I have read and understand the terms of my assistance.

Signature _____ Date _____

Sunset Gap Use Only

Drivers license # _____ or picture ID _____

Staff Signature _____