

PANTRY NAME:**For Pantry use only. Not for State or Federal Food****Application for Temporary Assistance**

Name: _____ I.D. # _____
 Address: _____ Telephone #: _____
 Town/State/Zip: _____ Date: _____
 Mailing Address (if different): _____ Township: _____
 Head of Household Date of Birth: _____ Monthly Income: \$ - _____

List Household Members:

Name	Relationship	Date of Birth	Female	Male

Consumer is: (circle one)

New

Renewal

Information Changed

Reason for Need:	TEFAP SELF DECLARATION OF NEED			
	TOTAL HOUSEHOLD INCOME - 2015-2016			
	Household Size	Annual	Month	Week
<input type="checkbox"/> Emergency	1	\$17,655	\$1,471	\$340
<input type="checkbox"/> Below 150%	2	23,895	1,991	460
<input type="checkbox"/> Unemployed	3	30,135	2,511	580
<input type="checkbox"/> Other _____	4	36,375	3,031	700
	5	42,615	3,551	820
	6	48,855	4,071	940
	7	55,095	4,591	1,060
	8	61,335	5,111	1,180
	<i>For each additional household member add:</i>	\$6,240	\$520	\$120

Are you currently receiving or have you received services from another Food Pantry? YES _____ NO _____

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Applicant signature: _____ Date: _____

Intake person's signature: _____ Date: _____