

## 2012 Bedford Community Pantry Application (for New Clients)

Please write neatly

Mail to: Bedford Community Pantry, 12 Mudge Way, Bedford, MA 01730

### 1. Your Information

Name \_\_\_\_\_ Birth month and year \_\_\_\_\_

mm / yy

Address \_\_\_\_\_ Disabled? Yes  No

Town, State \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Others Living With You

	Name(s)	Birth month/year	Disabled?
1.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. Total Household Income

Approx. household income: \$ \_\_\_\_\_ Weekly  Monthly

**Sources of income** (Check all that apply)

- |                                       |                                    |  |   |
|---------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Wages        | <input type="checkbox"/> Pension   | <input type="checkbox"/> Social Security | <input type="checkbox"/> AFDC           |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA        | <input type="checkbox"/> SSDI            | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Workers Comp | <input type="checkbox"/> Relatives | <input type="checkbox"/> SSI             | <input type="checkbox"/> Other _____    |

I certify that the information in this application is correct and authorize the Bedford Community Pantry to verify it. I understand that any false statement may result in cancellation of my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date