

2017 Bedford Community Pantry Application (for New Clients)

Please write neatly

Mail to Bedford Community Pantry, 12 Mudge Way, Bedford, MA 01730 or bring to pantry Thurs. 4:30-6:00.

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"/> TANF |
| <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