

**ST. VINCENT DePAUL LACONIA CONFERENCE FOOD PANTRY APPLICATION**

**PLEASE PRINT**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ TELEPHONE # \_\_\_ - \_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ TEXTING CELL PHONE \_\_\_\_\_

**MONTHLY** BILLS \$ \_\_\_\_\_ RENT \$ \_\_\_\_\_ HUD \$ \_\_\_\_\_

**HOW MUCH DO YOU RECEIVE FROM EACH OF THE FOLLOWING FEDERAL, STATE . LOCAL PROGRAMS OR EMPLOYMENT**

**MONTHLY** WAGES \$ \_\_\_\_\_ ( PART TIME / FULL TIME ) SOC.SEC.SSID.SSI. \$ \_\_\_\_\_

APTD \$ \_\_\_\_\_ TANIF (**MONTHLY**) \$ \_\_\_\_\_ CAP \$ \_\_\_\_\_ FOOD STAMPS \$ \_\_\_\_\_

**MONTHLY** CHILD SUPPORT \$ \_\_\_\_\_ ALIMONY \$ \_\_\_\_\_ OTHER INCOME \$ \_\_\_\_\_

**OTHER THAN YOU IN THE HOUSEHOLD**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>DATE OF BIRTH</b>	<b>ID</b>	<b>MONTHLY INCOME</b>	<b>FT/PT</b>

You are eligible for receipt of food from the SVDP Food Pantry only **ONCE** during every 30 day period.

I certify to the best of my knowledge that the above information is accurate. I authorize the St. Vincent de Paul Society and its members to make inquiries with public agencies and private organizations to verify eligibility for receipt of food and to verify receipt of assistance from other agencies and organizations.

DONATED PRODUCTS, MEATS OR FRESH VEGGIES OR OUT OF DATE ARE ALSO ACCEPTED AS IS.

Applicant \_\_\_\_\_ Date \_\_\_\_\_