Harmony Food Pantry **2024**

Date \_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names & birthdates of household residents:

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby affirm that my household is eligible for participation under the income & location eligibility requirements for this program. If I had any questions, I had the answers explained to me. I also certify that all information on this application is true and accurate. I authorize Harmony Food Pantry to make inquiries about my household regarding accounts at other food pantries, which includes but is not limited to the list below. I also verify that all food given to me will be used by the members on this application and will not be given, transferred, or sold to any others.

Community Action Program, 25 Center Street, Waterloo

House of Concern, 22 Locust Street, Waterloo

Tyre Food Pantry, 645 State Route 414, Waterloo

Lake Country Christian Church, 68 Swift Street, Waterloo

Interlaken Food Pantry, 8315 Main Street, Interlaken

Lodi Food Pantry, 8619 State Route 414, Lodi

South Seneca Ecumenical Food Pantry, 7137 N Main St, Ovid

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-----------------------------OFFICE USE ONLY--------------------------------**

Employment/Income (match #’s with reverse):

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Spouse/Child Support $\_\_\_\_\_\_\_\_\_\_\_

 Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Food Pantry Assistance: ( Y / N ) where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backpack Program Recipient ( Y / N ) where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_

Children (infant-17) \_\_\_\_\_\_\_\_\_

Adults (18-64) \_\_\_\_\_\_\_\_\_

Seniors (65+) \_\_\_\_\_\_\_\_\_

General comments: