

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: