

FOOD GIFT CARD APPLICATION

Applicant Name (First and Last): _____

Address _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ *Please check your preferred contact method.*

Household – List all persons living in the household (including self)

<i>Name</i>	<i>Date of Birth</i>	<i>Relationship to Applicant</i>
		-----Self-----

Employment

Are you not working at this time due to: Furlough Layoff Unemployed

Employer: _____

Income

Are you receiving income from: SSI SSDI SSA Unemployment

How much? _____

Are you receiving income from child support/alimony? If yes, how much? _____

Are you receiving income from workers compensation? If yes, how much? _____

Are you receiving income from pension? If yes, how much? _____

Any other sources of income? If yes, what? _____

How much? _____

By signing below, you hereby certify the information in this application and any other supporting documentation provided is truthful and accurate and you accept the program guidelines.

Applicant Signature

Date