



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

What is your current total family income? _____

Are you willing to share your story with others and the media? ☐ Yes ☐ No

The more the public learns of the program, the more people we can help.

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

For Internal Use Only: _____

Gift Certificate #

Restaurant

Amount