

**KEYPORT FOOD PANTRY CLIENT APPLICATION**  
**PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS**

**Date:** \_\_\_\_\_ **Recipient ID # (assigned by Keyport Food Pantry):** \_\_\_\_\_

**Referred to Keyport Food Pantry by:** \_\_\_\_\_

**Are you a US Veteran or Spouse of a US Veteran? – (Yes/No)** \_\_\_\_\_

**Applicant and/or Spouse (if living with you) over the age of 62? – (Yes/No)** \_\_\_\_\_

**Name (Last):** \_\_\_\_\_ **(First):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. # or Flr.** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home or Cell Phone #:** \_\_\_\_\_

**Name of Spouse (if living with you):** \_\_\_\_\_

**DO NOT INCLUDE YOURSELF OR SPOUSE IN THIS SECTION.**

**OTHER ADULTS over the age of 18 living with you.**

| Name | Relationship to applicant | Over age 62? (Yes/No) |
|------|---------------------------|-----------------------|
|      |                           |                       |
|      |                           |                       |
|      |                           |                       |

**CHILDREN under the age of 18 living with you.**

| First Name | Date of birth | Sex (M or F) | First Name | Date of birth | Sex (M or F) |
|------------|---------------|--------------|------------|---------------|--------------|
|            |               |              |            |               |              |
|            |               |              |            |               |              |
|            |               |              |            |               |              |
|            |               |              |            |               |              |

**THIS SECTION FOR PANTRY (KMFP) USE ONLY**

| QUALIFYING REASON – (INTERVIEWER CIRCLE ALL THAT APPLY)  |
|--|
| 1. TANF (Temporary Assistance for Needy Families – Social Services Program)  |
| 2. FOOD STAMPS – (Ran out/Insufficient, Lost, Stolen, Not received, etc.)  |
| 3. SSI (Supplemental Security Income) – NOT SOCIAL SECURITY  |
| 4. WIC (Women & Infants & Children)  |
| 5. MEDICAID  |
| 6. LOW INCOME – (per USDA guidelines)  |
| 7. DISASTER – (Other – divorce, domestic violence, unusual expense, loss of employment, etc.) Explain in note section. |

**(OVER)**

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**Financial Information:**

**Have you applied for County Welfare? (Yes/No) \_\_\_\_\_ Food Stamps? (Yes/No) \_\_\_\_\_**

|   |          |
|---|----------|
| <b>Total Household <u>Gross Monthly</u> Income<br/>(before taxes or any other deductions)</b> | \$ _____ |
|---|----------|

| Income Details   | Amt. or N/A* | Comments |
|--|--------------|----------|
| What is the total <u>weekly</u> income of all <u>working</u> in your household?                | \$ _____     |          |
| How much SSI and/or Welfare do you receive?  | \$ _____     |          |
| How much do you receive in Food Stamps?  | \$ _____     |          |
| How much do you receive for Rental Assistance?   | \$ _____     |          |
| How much do you receive in assistance from your family and/or friends?                         | \$ _____     |          |
| Other – Unemployment, Pension, Social Security, Child Support, etc. (monthly <u>or</u> weekly) | \$ _____     |          |

\*N/A = Not Applicable

| Monthly Expenses                       | Amount or N/A* | Comments |
|--|----------------|----------|
| Mortgage or Taxes if no mortgage       | \$ _____       |          |
| Rent                                   | \$ _____       |          |
| Gas (approximate monthly average)      | \$ _____       |          |
| Electric (approximate monthly average) | \$ _____       |          |
| Phone (approximate monthly average)    | \$ _____       |          |
| Other Expenses?                        | \$ _____       |          |

\*N/A = Not Applicable

I am accepting a charitable donation of food from the Emergency Food Pantry (*Keypoint Ministerium Food Pantry*). I hereby relinquish the Food Pantry (*Keypoint Ministerium Food Pantry*) of all liability of any nature whatsoever, and accept the food products “as is” and at my own risk. I certify that the information I have supplied in this application is true to the best of my knowledge. The *Keypoint Ministerium Food Pantry* receives food from the *United States Department of Agriculture* and I (*applicant*) understand that a false statement on this application constitutes defrauding the government and will result in immediate revocation of any charitable help from the *Keypoint Ministerium Food Pantry*.

*Signature of applicant:* \_\_\_\_\_

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**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proof of I.D. provided (Yes/No): \_\_\_\_\_ KMFP Interviewer initials: \_\_\_\_\_**