

STONEBRIDGE FOOD PANTRY — CLIENT APPLICATION **DATE: _____**

FULL NAME (AS IT APPEARS ID CARD): _____ **DOB: _____**

HOME ADDRESS: STREET _____ **APT/UNIT# _____**

CITY/STATE: _____ **ZIP CODE: _____**

MOBILE PHONE: ____/____/_____ **ALTERNATE PHONE: ____/____/_____** **Email: _____**

DRIVER'S LICENSE/STATE: _____ **SOCIAL SECURITY #: _____**

» **PRIMARY LANGUAGE:** ENGLISH ESPAÑOL OTHER: _____

» **MARITAL STATUS (circle one):** MARRIED SINGLE SEPARATED DIVORCED
 WIDOWED DOMESTIC PARTNER COMMON LAW

» **ARE YOU HOMELESS?** Yes No **If Homeless, are you living with Family or Friends?** Yes No

» **WHAT RACE ARE YOU? (circle only one)**

- ASIAN OR PACIFIC ISLANDER BLACK OR AFRICAN AMERICAN HISPANIC OR LATINO
NATIVE AMERICAN OR ALASKAN NATIVE WHITE OR CAUCASIAN MULTIRACIAL OR BIRACIAL
A RACE/ETHNICITY NOT LISTED HERE: _____

» **ARE YOU A VETERAN?** YES / NO

»» **LIST OTHER ADULTS (OVER 18) LIVING IN YOUR HOME (SPOUSE, FAMILY OR FRIENDS):**

| NAME | AGE | DATE OF BIRTH | GENDER | RELATIONSHIP TO YOU |
|-------|-------|---------------|--------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

»» **LIST ANY CHILDREN UNDER 18 YEARS OF AGE LIVING IN YOUR HOME:**

| NAME | AGE | DATE OF BIRTH | GENDER | SCHOOL/DISTRICT |
|-------|-------|---------------|--------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

» **DO ANY CHILDREN RECEIVE FREE AND/OR REDUCED LUNCH AT SCHOOL?** YES NO

FAMILY# _____ **INDIVIDUAL# _____** **DIABETIC# _____** **GLUTEN FREE# _____**

» **EMPLOYMENT STATUS (PLEASE CIRCLE):** EMPLOYED UNEMPLOYED DISABLED RETIRED

IF UNEMPLOYED, ARE YOU ACTIVELY SEEKING EMPLOYMENT? YES NO

ARE YOU REGISTERED WITH TEXAS WORKFORCE COMMISSION? YES NO

LIST THREE JOBS THAT YOU HAVE RECENTLY APPLIED FOR: _____

IF YOU ARE ABLE TO WORK, AND NOT WORKING, PLEASE STATE THE REASON WHY YOU ARE NOT WORKING OR SEEKING EMPLOYMENT: _____

» **HOUSEHOLD INCOME SECTION:** (Gross Monthly Amounts)

NOTE: This section is income for the entire household. Every member of the household that has income should be listed.

| Household Member Name | Monthly Salary | Unemployment | Social Security | Supplemental Social Security | Disability Social Security |
|-----------------------|----------------|--------------|-----------------|------------------------------|----------------------------|
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ | \$ | \$ |

DO YOU RECEIVE SNAP? YES NO If yes, amount: \$ _____

DO YOU RECEIVE TANF? YES NO If yes, amount: \$ _____

ARE YOU CURRENTLY RECEIVING WIC? YES NO If yes, amount: \$ _____

DO YOU RECEIVE RENTAL ASSISTANCE? YES NO If yes, amount: \$ _____

DO YOU RECEIVE CHILD SUPPORT? YES NO If yes, amount: \$ _____

PENSION (Veteran's or other)? YES NO If yes, amount: \$ _____

| |
|--|
| Total Household Monthly Income: \$ _____ |
|--|

> ARE YOU CURRENTLY BEING ASSISTED BY ANOTHER FOOD PANTRY? YES NO

> WHERE DO YOU ATTEND CHURCH? _____

> IS THERE ANYTHING THAT WE CAN BE PRAYING ABOUT FOR YOU?

> HOW DID YOU HEAR ABOUT THE FOOD PANTRY? _____

»» I HEREBY STATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I GIVE STONEBRIDGE FOOD PANTRY PERMISSION TO VERIFY ALL FINANCIAL DOCUMENTS THAT I HAVE PROVIDED. IF ANY INFORMATION IS FOUND TO BE FALSE OR INACCURATE, ASSISTANCE MAY BE REVOKED AND FURTHER ASSISTANCE DENIED.

» _____
SIGNATURE

» _____
DATE

| |
|---|
| DATE FIRST APPLIED: ____ / ____ / ____ |
|---|