

LEMONT OPEN FOOD PANTRIES APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE # _____

EMAIL _____ ALTERNATE PHONE _____

(PLEASE CIRCLE) SINGLE – MARRIED – DIVORCED – SEPARATED – WIDOWED - DOMESTIC PARTNER

(PLEASE CIRCLE) Household: Single Adult – Single Parent – Couple – Two Parent - No Children – Other

DO YOU RECEIVE CHILD SUPPORT? _____ HOW MUCH? _____ HOW OFTEN? _____

COMPLETE FOR ALL THOSE LIVING IN YOUR HOUSEHOLD

FIRST NAME	LAST NAME	GENDER	BIRTHDATE	RELATION
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE LIST ANYONE IN THE HOUSEHOLD THAT RECEIVES SNAP (LINK CARD) BENEFITS

NAME _____ MONTHLY AMOUNT _____

NAME _____ MONTHLY AMOUNT _____

PLEASE CHECK IF ANY OF THE FOLLOWING APPLY TO SOMEONE IN YOUR HOUSEHOLD

____ Decrease in work hours ____ Disabled ____ Lack of Transportation ____ Illness

____ Pending Eviction ____ Loss of Job ____ Inadequate Income ____ Family Problem

____ Substance Abuse ____ Relationship Problem ____ Utilities ____ Money Management

**** INCOME FROM EVERYONE LIVING IN THE HOUSEHOLD ****

If Self-Employed – Request Additional Self-Employment Form from Township

HOUSEHOLD - INCOME VERIFICATION

<u>Name</u>	<u>Monthly Income</u>	<u>Source (SS, SSI, Disability, Name of Employer)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSING - RENT / MORTGAGE INFORMATION

Rent \$ _____ Mortgage \$ _____ * Copy of Lease on file Y / N _____

Payable to: _____

Address _____ Phone _____

UTILITIES

What Utilities Do You Pay? _____ Gas _____ Electric _____ Water _____

Have you applied for LIHEAP? _____ Did you qualify? _____

DOES YOUR FAMILY QUALIFY FOR FREE OR REDUCED MEALS? Yes / No

Do you receive assistance from another source? Friend, Family, Church, School, or Organization?

(This will not affect your eligibility) If so, what other assistance have you received?

NOTE - Only your family size, contact information, and SNAP amount will be shared with the Lemont Open Food Pantries – in order for them to assist you.

AGREEMENT

I understand that providing false information, or intentionally failing to disclose information, any provided by Lemont Township, or the Lemont Open Food Pantries can be revoked immediately.

Applicant Signature: _____ **Date** _____

