

# THE FOOD BANK NETWORK OF SOMERSET COUNTY



## APPLICANT FORM

Proof Provided:  ID  Address Date: \_\_\_\_\_

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First

2. Address \_\_\_\_\_  
Street City Zip Code

3. Phone # \_\_\_\_\_  Mobile Phone?

4. How did you find the Food Bank?  Friend  Website  Other \_\_\_\_\_

5. Family Members Living With You

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

6. TOTAL Monthly Income \$ \_\_\_\_\_

7. ALL Income Sources & Value

Checking Account	\$ _____	Unemployment	\$ _____	Social Security	\$ _____
Savings Account	\$ _____	SNAP Benefits	\$ _____	Other	\$ _____

8. Do you share home expenses with someone?  Yes - With whom? \_\_\_\_\_  No

9. Are you able to work?  Yes  No - Please Explain \_\_\_\_\_

10. Have you visited Job Service at the Unemployment Office in the last month?  Yes  No

11. What type of work are you looking for? \_\_\_\_\_

12. Are your family members able to work?  Yes - List below  No

	<u>Name</u>	<u>Salary Contributed to Home Expenses</u>
a.	_____	\$ _____
b.	_____	\$ _____

13. How much is your rent? \$ \_\_\_\_\_  Monthly  Weekly

14. How much are utilities (eg, Electricity, Water, Gas)? \$ \_\_\_\_\_  Monthly  Weekly

15. Any extraordinary expenses (eg, Medical, Auto)?  Yes - List below  No

	<u>Expense / Cost</u>		<u>Expense / Cost</u>
a.	\$ _____	b.	\$ _____

16. Additional Comments (eg, Food Allergies) \_\_\_\_\_

If I participate in any Public Assistance program (Welfare, SNAP, etc.) now or in the future, I hereby give permission for my records to be disclosed to *The Food Bank Network of Somerset County, Inc.*

Signature \_\_\_\_\_