

The Pastor's Pantry
Application for Grocery Assistance

Name: _____ Date: _____

Referring Agency: _____ Emergency Contact (&Phone): _____

Name all of the people living in your home. A copy of the applicant's driver's license (in black & white) must be made on the back of this application.

1. Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Race (opt'l): _____

Total Monthly Income: _____ Food Stamp Assistance: _____

Rent/House Payment: _____ Home Insurance: _____

Car Insurance: _____ Car Payment: _____

Medication: _____ Medical Bills: _____ Health Insurance: _____

Utilities/Gas/Oil: _____ Phone: _____ Cable TV/Internet: _____

Cell Phone: _____ Current Loans: _____ Credit Card Debt: _____

Other: _____

Total Monthly Expenses: _____ Difference: _____

I certify that the above information is accurate and truthful to the best of my abilities.

- Giving any false information or concealing information about my income, bills, or people in my household is committing fraud. It is a felony based on NC General Statute 14-100 and is considered obtaining property by false pretenses.
- I will not sell the food I am receiving from Pastor's Pantry
- I understand that to qualify for regular monthly grocery assistance from Pastor's Pantry that there must be at least one person age 60 or older in the household who has applied for and has been approved to receive the groceries. In those households in which, for some reason, there is no longer a person 60 years of age or older, the family of the approved client will be notified immediately that their grocery assistance from Pastor's Pantry will be terminated.

I have read the policies of The Pastor's Pantry and they have been explained to me. I hereby consent for the Pastor's Pantry and related agencies that offer assistance to exchange information.

Applicant Signature: _____

Approved: _____ Date: _____

The Pastor's Pantry does not discriminate on the basis of age, race, color, gender, religion, ancestry, national origin, sexual orientation, veteran status or disability.