



Helping • Giving • Caring • Sharing

FOOD PANTRY APPLICATION HILLSBOROUGH TOWNSHIP

379 SOUTH BRANCH ROAD
HILLSBOROUGH, NEW JERSEY 08844
(908) 369-3880

The information on this application form is completely confidential.

| | |
|---|----------|
| (OFFICE USE) | |
| DATE: _____ | |
| <input type="checkbox"/> Interviewed | by _____ |
| <input type="checkbox"/> Residency verified | |
| <input type="checkbox"/> Income verified | |
| <input type="checkbox"/> Approved | |

Name: _____ DATE OF BIRTH: _____ Spouse/ Partner : _____ DATE OF BIRTH: _____

Street Address: _____ Apt # _____ Phone #'S : _____ Cell: _____ House: _____

How did you hear about the Food Pantry: _____ Are you a veteran? YES NO

Is your difficulty in obtaining food Temporary: Permanent: E-mail Address: _____

*****LIST ALL INDIVIDUALS LIVING IN YOUR HOME WITH YOU (INCLUDE NAME, AGE AND RELATIONSHIP):*****

| Name: | Date of Birth | Relationship | Name: | Date of Birth | Relationship |
|----------|---------------|--------------|----------|---------------|--------------|
| 1. _____ | _____ | _____ | 4. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 5. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 6. _____ | _____ | _____ |

List the names of any individuals in the home who receive any type of income:

| Name: | Amount: | Source: Include Alimony/Child Support | Name: | Amount: | Source: Include Alimony/Child Support |
|----------|---------|---------------------------------------|----------|---------|---------------------------------------|
| 1. _____ | _____ | _____ | 4. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 5. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 6. _____ | _____ | _____ |

Total Monthly Income After Taxes: _____ Do you receive SNAP assistance? YES NO If so how much per month: \$ _____ Are you receiving assistance with your utility bills? YES NO If so how much per month: \$ _____ from who? _____

List all agencies that are providing you assistance: _____

Living situation: Rent: Own: Staying with Family: Apartment: Condo/Townhouse: Home: Is your home purchased/rented thru Affordable Housing? YES NO If so which type Section 8 Low Moderate

Monthly Expenses (please fill in dollar amounts): \$ _____ Rent /Mortgage : \$ _____ Do you receive rental assistance? YES NO If so how much? \$ _____

Gas: \$ _____ Electric: \$ _____ Phone: \$ _____ Cable: \$ _____ Other: \$ _____
Car Insurance : \$ _____ Car Pmt : \$ _____ Credit Cards : \$ _____ Medical : \$ _____

In as much detail as possible, please tell us why you are experiencing financial difficulty:

What plans do you have to change your financial situation? Please be as specific as possible:

Do you have health insurance? YES NO

Do you have insurance for prescriptions? YES NO

Have you been to Somerset County Social Services yet? YES NO

Any person who applies for or receives CAN benefits for which they are not eligible, by having intentionally made a false or misleading statement or concealed or withheld facts, shall be subject to the following penalties.

The foregoing violations can result in the individual being ineligible for receipt or further receipt of CAN program benefits as follows:

First violation – 6 months, Second violation – 12 months, Third violation – permanent disqualification

In addition, the remaining household members for which CAN benefits may have been eligible shall also be ineligible for benefits.

Release Statements

I (we) hereby authorize the Hillsborough Township Department of Social Services to contact any individual or other source who may have knowledge about my (our) circumstances for the sole purpose of verifying the statements I (we) have made.

I (we) hereby authorize any banking institution or social service agency to release any information requested by the Hillsborough Township Department of Social Services.

Applicant's name (Printed)

Applicant's signature

Date

Applicant's name (Printed)

Applicant's signature

Date

(office use only) (Check off items attached

Photo ID Provided Proof of Residency - Lease or Rental Agreement Tax Bill Mortgage Document

Copy of Federal Income Tax Return (note year) _____ SSI/D Statement W2's Paystubs _____