

Friends Helping Friends – Easton Branch
P.O.Box 262, Easton, Maine 04740
Food Pantry Eligibility Application
July 2017 – July 2018

Notice: Only one adult living in a household may apply for food assistance at this pantry. If you are sharing a home with other adults, you must all be added to the same application. The income of all adults in the household MUST be included. The amount of food you receive per household is determined by the number of individuals living in the same household. In order to receive assistance, this application must be completed and accepted. All information is strictly confidential.

Name _____ Date _____
 Street address _____
 Town _____ Phone _____

1. Are you sharing a household with another family or adult? _____
2. Is another adult in the household already receiving food from this pantry? _____
 If yes, stop and ask to be added to their application
3. Is anyone in the household already receiving food from another food pantry? _____
 ** If yes, stop. You may only receive food from one pantry. **
4. Please list all adults and children sharing the household applying for assistance.

NAME/AGE

NAME/AGE

5. What is your total household income (include all adults in the household)?

Annual \$ _____ OR Monthly \$ _____ OR Weekly \$ _____

Please read the following statement and then sign below: I certify that the combined income of all the adults living in this household is at or below the income guidelines listed in the chart below, or that the nutritional needs of those in my household are not being met due to an emergency situation, or someone in the household is eligible for LIHEAP, TANF, SSI, Medicare, Elderly low cost drug program, Elderly Tax and Rent Refund, or SNAP food stamps. The pantry may ask me to verify my address and or income. I understand that if I falsify my information it will result in being dismissed from food assistance and may subject me to civil or criminal prosecution under State and Federal Law.
 Signature _____

In accordance with Federal Law and the U.S.D.A. policy, this pantry is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Household Size	Annual	Month	Week
1	\$18,090	\$1508	\$348
2	\$24,360	\$2030	\$469
3	\$30,630	\$2553	\$589
4	\$36,900	\$3075	\$710
5	\$43,170	\$3598	\$830
6	\$49,440	\$4120	\$951
7	\$55,710	\$4643	\$1071
8	\$61,980	\$5165	\$1192
For Each Additional Add	\$6,270	\$654	\$121