**→ *Effective each January, we update our records. You must have a <u>picture I.D.</u> to establish eligibility for aid. You must also qualify as to income and residence.     Thank you.***

# ST. MARTIN PARISH FOOD PANTRY
# REGISTRATION FORM - 2017

Date  _____          I.D. and Eligibility Checked By_____

Name _____ D.O.B._____

Address_____          | Total Monthly Household Income |

_____

Employment:  $_____
Unemployment:$_____
Child Support: $_____
Phone_____          Social Security: $_____
W2:              $_____
E-Mail_____          Food Stamps: $_____
WIC:            $_____
Employer _____          Disability:     $_____
Pension:        $_____
Employer Address: _____          Other:          $_____

**TOTAL**       $_____

**Property You Own**:_____

<u>OTHER</u> Adults in Household :                    **[Add any of this ⤷ income to⤴]**

Name_____ Age: _____ Relationship: _____ Income: $_____

Name_____ Age: _____ Relationship: _____ Income: $_____

Children in Household

Name_____ Age: _____ Relationship: _____ Birthdate:_____

Name_____ Age: _____ Relationship: _____ Birthdate:_____

Name_____ Age: _____ Relationship: _____ Birthdate:_____

Name_____ Age: _____ Relationship: _____ Birthdate:_____

Food Category (Red/Green) _____Other Food Sources? _____

*In order to be eligible for Christmas Tree of Giving, you MUST receive food from our Food Pantry at least twice.*

**NOTE:** *Your signature means <u>all the above is true</u>. It also authorizes St. Martin Parish to obtain all necessary information about you. This written request for aid hereby waives any right to privacy or confidentiality.*

_____
Signature