

Cheshire Community Food Pantry

TOWN OF CHESHIRE

APPLICATION FOR ASSISTANCE

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NUMBER OF PEOPLE IN HOUSEHOLD _____

NAME	RELATIONSHIP	AGE	INCOME (YES/NO)_
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INCOME STATEMENT:

Source	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Adjusted Gross Income _____ Income Tax Return _____ Total Income _____

Expenses (please specify monthly, quarterly, yearly)

I affirm that all of the statements made by me on this application concerning the Income and Need of my household are True and Correct.

Signature of Recipient

Date

Comments:

REFERRALS:

DSS
249 Thompson Ave.
Waterbury, CT 06702.....203-597-4000

Cheshire Community Food Pantry
51 Railroad Avenue
Cheshire, CT 06410.....203-

Social Security Administration
1 West Main St.
Meriden, CT 06451.....1-800-772-1213 or 203-238-0346

WIC.....203-574-6785

Statewide Legal Services of CT
425 Main St.
Middletown, CT 06457.....1-800-453-3320