

RIVER CHURCH FOOD BANK APPLICATION

Referred by _____

Name _____

Phone _____ Age/Birthdate _____

Address _____

City _____ Zip _____

Employer _____ Employer Phone _____

Spouse _____

Spouse employment _____

Church Affiliation _____ Member Y or N

Have you ever received food from another food bank? _____ Date _____

Income: \$\$ _____ Utilities: \$\$ _____

Welfare: \$\$ _____

Food Stamps: \$\$ _____

List all people living in the home:

- 1. _____ Age _____ Relationship _____
- 2. _____ Age _____ Relationship _____
- 3. _____ Age _____ Relationship _____
- 4. _____ Age _____ Relationship _____

DO ANY OTHER FAMILY MEMBERS RECEIVE FOOD FROM THE RIVER CHURCH?

Yes _____ No _____

I AGREE THAT THE ABOVE INFORMATION IS TRUE, AND THAT I AM NOT RECEIVING ANY FOOD FROM ANOTHER FOOD BANK!

Signed _____ Date _____