



The Altar Church
Pantry Client Application

I am applying to be an eligible recipient to receive food.

Print Full Name Telephone # County

Street Address City State Zip Code

A. I receive Food & Nutrition Services: Yes No Official Use - Copy Provided

B. My household's gross income is \$ yearly monthly weekly Circle One

C. The number in my household is person(s). Put a number in each section below. 18 & under 19-64 65 & Over

D. The following persons are authorized to pick up my food:

1 Name Relation

2 Name Relation

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

Food Received by: Signature of Applicant / Recipient Date

Do not write below this line

Issued by: Signature of Distributing Official Date