



DATE: / /

Sèlman yon sèl manm yo te pèmèt pa adrès kay

Last 4 Digits of Social Security

Dire:

Premye:

Lari:  Apt#

Vil:  Eta:  Postal:

Eta: Orange Osceola Seminole Lòt:

Dat Fet:    Ph#

Mel:

Fe (Circle) African American White Hispanic Haitian Asian Indian Other

Number of People in Household 1 2 3 4 5 6 7 8 9

(Circle one) Employed Unemployed Retired Disability-benefits Homeless

All Household Incomes \*\* REQUIRED \*\*

Employment	Monthly \$	<input type="text"/>
Social Security	Monthly \$	<input type="text"/>
SSI SSDI	Monthly \$	<input type="text"/>
Child Support	Monthly \$	<input type="text"/>
Unemployment	Monthly \$	<input type="text"/>
Food Stamps	Monthly \$	<input type="text"/>
<b>Total of Household Incomes *</b>	<b>\$</b>	<input type="text"/>

Please Have Photo ID Ready

US Citizen Yes or No

Driver's License Yes or No

Veteran Yes or No

Married Single Divorced Widowed Separated

I certify that I am eligible by the standards of Community Food & Outreach Center for services. Eligibility is determined by the income eligibility chart posted at the Welcome Desk. This chart is for determining that I am living at or below the 200% of poverty level. I hereby verify that the info provided is correct and that I am currently living at the address I entered above. I give CFOC permission to share this information with other agencies for the sole purpose of better serving my needs for one year.

Signature X  Date:

UAP Staff Signature *Mark R Weir* Date: \_\_\_\_\_