



DATE: / /

Only One Membership Required Per Household

Last 4 digits of Social Security

Last: []

First: []

Street: [] Apt# []

City: [] State: [] Zip: []

County: Orange Osceola Seminole Other:

Date of Birth: [][][] Ph# [][][]

Email: []

Race (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 \$	[]
Social Security	Monthly \$	[]
SSI SSDI	Monthly \$	[]
Child Support	Monthly \$	[]
Unemployment	Monthly \$	[]
Food Stamps	Monthly \$	[]
Total of Household Incomes *	\$	[]

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 Weismuth*

Date: _____