

PLEASE PRINT CLEARLY!!!!

House of Bread Deliverance Church Food Pantry Intake Form 2024

First Name: _____ Last Name: _____

Date of Birth: _____ Phone#: _____

Physical Address (NO P.O. Boxes): _____

City: _____ Zip Code: _____

Veteran? ____ Yes ____ No Married: ____ Yes or No ____

(Proof of Address MUST be at LEAST your DRIVER LICENSES or UTILITY BILLS. Your proof MUST match

Proof of Address: ____ Yes ____ No Type of Proof _____

Number of adults in your household? _____ Ages _____

Number of children in your household? _____ Ages _____

Reason for needing help?

(Circle the ones that apply)

Disaster Victim (fire, flood, tornado, etc.)

Fixed Income (SSI, TANF, etc.)

Unemployed or Laid off

Sort of Illness

Employed

Other (please explain):

Signature

Date

(DO NOT PASS THIS LINE)

Apostle Saint Mary Harris

Food Pantry Director Signature

Tresa Martinez

Food Pantry Assistant Director Signature

6/15/2024

Date

6/15/2024

Date