

EMERGENCY AID APPLICATION

Name			
Address	Town	Zip	_
Phone	Email		
Are you a current Peterborough Food Pantry If yes, how often do you use the Food Pantry If not, please attach a Peterborough Food Pa	? Weekly Monthly	lo A few times a year	
Please list people in your household with age	s:		-
Why are you applying for Emergency Aid you better. Please attach a copy of the re		-	- serve
Have you met with a town welfare officer, con discuss this issue? Yes No Name:	•		er to
Please circle all programs you participate SNAP / Food Stamps Medicaid / Healthy Kids	in: SSDI / SSI Fuel Assistance		
School Meals / WIC	Electric Assistan	ce	
Rental Assistance/Subsidized Housing	Town Welfare		
TANF (Temp Asst Needy Families)	Other		

MONTHLY Household Income:			
Person #1 \$	Source		
	3		
Other source	es of Income and amount (fo	r example: child support, second job, etc.)	
How much d	o you have in savings (appro	oximate)? \$	
MONTHLY F	Household Expenses:		
Rent/mortga	age	Phone/internet	
Auto Ioan		Insurance (auto/home)	
Medical cos	sts/medicine	Medical insurance	
Utilities (ele	ectric, heat, etc)	Gas	
Groceries/fo	ood out	Child care	
Other recurri	ing bills, credit card payment	s, etc?	
Have you ap	pplied for assistance anywher	re else?	
Signature		Date	
talk with com		at the information provided is true and give us permission to ource specialists, and town welfare officers about your	
Deliver:	Peterborough Food Pantry, 25 Elm Street, during our operating hours: Monday, Wednesday, and Friday from 9am-Noon.		
Mail:	PACA Emergency Aid, PO Box 116, Peterborough, NH 03458		
•	•	ew your application and contact you with next steps. All porough Area Community Aid Board of Directors.	