



Peterborough Food Pantry

A Program of the Peterborough Human Services Fund

2023 Emergency/Food Assistance Application

Today's date _____ Phone and/or email (optional) _____

Last name _____ First name _____	
Street address _____	
Town _____	Zip code _____

Confirm that the above customer lives in the PHSF service area:* Yes No
(Antrim, Bennington, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, New Ipswich, Rindge, Peterborough, Sharon, or Temple)

*All customers should provide a driver's license, state ID or current utility bill with their home address.

List all members in the household:

Name	Date of Birth	Relationship
1.		Head of household
2.		
3.		
4.		
5.		
6.		
7.		

(list additional family members on back)

Section #1: Program eligibility

Please circle assistance programs in which the customer participates:

- SNAP (Food stamps)
- WIC (Women Infants Children)
- School meal assistance
- Medicaid/Healthy Kids
- Subsidized housing resident
- MATS resident (letter presented)
- TANF (Temp Assistance to Needy Families)
- Fuel assistance/wood bank
- Town welfare officer referral
- US Veteran

Note: If a customer participates in any of the above programs, skip to Section #3.

Section #2: Income eligibility

If the PFP customer is **not** part of any of the programs on page 1, circle the number in household on the chart below and have the customer check this box:

- ☐ I attest that my household income for the number of people in my home is at or below the threshold listed below.

Number in Household	One	Two	Three	Four
Qualifying Income	\$26,973/year \$519/week	\$36,482/year \$702/week	\$45,991/year \$885/week	\$55,500/year \$1,068/week
Number in Household	Five	Six	Seven	Eight
Qualifying Income	65,009/year \$1,251/week	\$74,518/year \$1,434 /week	\$84,027/year \$1,616/week	\$93,536/year \$1,799/week
(Effective thru June 30, 2024)	Each additional family member +\$9,509/year, \$183/week			

Section #3: Agreements

Peterborough Food Pantry customers must agree with and sign the following:

- ☐ I hereby certify that the above information is accurate and required to receive food.
- ☐ I understand that the food I receive is intended for low income households and can be picked up only one time each week.
- ☐ I understand that the food received is not to be sold or exchanged.
- ☐ I understand that the Peterborough Food Pantry is a volunteer organization and is not funded by the town budget.
- ☐ I agree to present driver's license, proof of residence, or other **ID** when asked.

Customer signature _____ Date: _____

Notes (PHSF Staff only):

Volunteer Name: _____