



A Program of the Peterborough Human Services Fund

Peterborough Food Pantry

2022 Emergency Food Assistance Application

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

Last name _____ First name _____

Street address _____

Town _____ Zip code _____

Customer lives in the PHSF service area: Yes No

(Antrim, Benning ton, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, New Ipswich, Rindge, Peterborough, Sharon, or Temple)

List all members in the household:

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

Section #1: Program eligibility

Please check assistance programs the customer participates in:

- 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
- US Veteran

Note: If a customer participates in any of these programs **BY SHOWING PROOF**, you don't need to complete section #2.

Notes (PHSF Staff only):

Volunteer Name: _____

**Section #2: Monthly combined gross income (Multiply by 12 to get annual income.
Then compare to chart below)**

Adult #1: Job \$ _____ Soc Sec/pension \$ _____ SSDI/unemployment \$ _____

Adult #2: Job \$ _____ Soc Sec/pension \$ _____ SSDI/unemployment \$ _____

Adult #3: Job \$ _____ Soc Sec/pension \$ _____ SSDI/unemployment \$ _____

Annual combined gross income from all household members over 18: \$ _____

(USDA scale effective July 1, 2018)

Number in Household	One	Two	Three	Four
Qualifying Income	\$23,828/year \$459/week	\$32,227/year \$620/week	\$40,626/year \$782/week	\$49,025 /year \$943/week
Number in Household	Five	Six	Seven	Eight
Qualifying Income	\$57,424/year \$1,105/week	\$65,823 /year \$1,266 /week	\$75,222/year \$1,428/week	\$82,621/year \$1,589/week
	Each additional family member +\$8,399/year, \$162/week			

Peterborough Food Pantry customer 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: _____

For PHSF staff only: Your name _____

**Missing information to be brought next time:
(i.e. proof of residence, # people in house with birth dates, income info)**