



(844) 737-4288
info@hatt.today
www.hatt.today

APPLICATION FOR FOOD ASSISTANCE

Date _____

HEAD OF HOUSEHOLD INFORMATION

Full Name _____ Age _____
 First Middle Last

Address _____

Do you own this place or renting it? _____ E-mail _____

Phone _____
 Home Cellphone Work

Are you currently working? Full-time Part-time Unemployed

If working, Name of company _____

Work address _____

Phone Number _____ Manager Name _____

List below everyone in your household

Full Name	Gender	Relationship	Date of birth	Check box below if you want benefit for this person	Working or In School. If yes, enter name of school or workplace
		Myself			

Do you have health insurance? Yes or No If yes, Name of Insurance _____

Who else is covered by your health insurance _____

Is anyone in the household receiving government help? Yes or No If yes, list the kind of government help being received _____



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Questionnaire (All applicant must answer truthfully all questions listed below to be considered for our assistance.)

Are you or anyone from your household convicted of drug trafficking?

Are you or anyone from your household involved in any illegal activities?

Are you or anyone from your household running away from the authorities or a felony warrant?

Are you or anyone from your household pregnant? If yes, how many months?

Are you or anyone from your household are noncitizens without a qualified status in the USA?

List below the other members in your household that is working.

Name	Company Name	Company Address	Position	Hours work per week

To the best of my knowledge, I've answered all questions above and provided information truthfully. I understand and acknowledge that should my status and the status of the member of my household changes, I will report them to HATT Foundation, Inc immediately.

I acknowledge and agree that all member of my household and I will not be involved in any illegal activities, that no child in my household will be harmed, and that all member of my household and I will not be involved with drugs or any form of substance abuse, including marijuana while my household is under the HATT Food Assistance Program.

I acknowledge and agree that all members of my household and I will abide by the HATT Food Assistance Program rules and regulations.

I acknowledge and agree that as part of HATT Food Assistance Program my household and I will be required to provide certain proof/documentations, attend classes/groups, volunteer/participate in upcoming HATT events, and other requirements deemed essential to better my family and I's circumstances. Details will be provided to me after I've completed this application and HATT Foundation team had completed their assessment about my household.

Head of household Signature: _____ Date: _____

Spouse/2nd Adult Signature: _____ Date: _____