

Hancock County Food Pantry New Client Registration Form

OPTIONAL – NOT REQUIRED TO RECEIVE FOOD)

Please fill out all the information on this form before you get to the check-in desk. Please print carefully. You will need proof of Hancock County residency EACH TIME you visit our Pantry. The TOTAL GROSS INCOME of your entire household must be LESS than the amounts listed below (based on your household size) to qualify as a client.

HOUSEHOLD (HH) INCOME GUIDELINES (effective July, 2024)

# in HH	Monthly	Annual		# in HH	Monthly	Annual
<u>1</u>	<u>\$2,322</u>	<u>\$27,861</u>		<u>4</u>	<u>\$4,810</u>	<u>\$57,720</u>
<u>2</u>	<u>\$3,152</u>	<u>\$37,814</u>		<u>5</u>	<u>\$5,640</u>	<u>\$67,673</u>
<u>3</u>	<u>\$3,981</u>	<u>\$47,767</u>		<u>6</u>	<u>\$6,649</u>	<u>\$77,626</u>

(For each additional household member add \$830.00 per month)

First & Last Name of Head of Household: _____

this is the person who will normally pick up food. If another adult family member picks up food at a later time, they must provide the name of the Head of Household)

Birth Date: _____ **Phone:** _____ **Veteran?** Y or N

Street Address: _____

City, State, Zip: _____

OTHERS in Household:

1) First & Last Name _____ Birth Date _____ Veteran? ____

2) First & Last Name _____ Birth Date _____ Veteran? ____

2) First & Last Name _____ Birth Date _____ Veteran? ____

3) First & Last Name _____ Birth Date _____ Veteran? ____

4) First & Last Name _____ Birth Date _____ Veteran? ____

5) First & Last Name _____ Birth Date _____ Veteran? ____

6) First & Last Name _____ Birth Date _____ Veteran? ____