

APPLICATION

GARDINER AREA FOOD BANK – CHRYSALIS PLACE 2005

CITY OF GARDINER/SOUTH GARDINER

Applicant: _____ Age: _____ SS#: _____

Address (Street): _____ Tel.#: _____

Address (Mailing, if different): _____

in Household: _____ # Adults: _____ # Children: _____

Names of those living with the applicant:	Age:	Social Security Number:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

in Household Employed: _____ Where: _____

Date receive next income: _____ Amount \$: _____

Date receive next food stamps: _____ Amount \$: _____

Date last used Food Bank: _____ Used any other Food Bank? Y/N: _____

If yes, when/where? _____

Do you own a motor vehicle(s)? Y/N Year _____ Monthly Payment: _____

Monthly Expenses: Food _____ Mortgage _____ Rent _____ Electricity _____

LP Gas _____ Heat/Fuel _____ Doctor _____ Other _____

I, _____, do hereby state that the information given in this application is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Administrator's/Asst. Administrator's Signature: _____ Date: _____

Are you willing to volunteer at Chrysalis Place? Yes _____ No _____