

Holiday Meal Box Application

2020

Have you or any other member of your household signed up for a Holiday Meal Box at any other location? YES NO

With my signature below, I certify that:

- ✓ My household income does not exceed the monthly limits listed in the table to the right (annual income may be used for seasonal and migrant workers).
- ✓ I release all of the agencies collaborating to provide a holiday meal box from any liability resulting from any food that I might receive.
- ✓ I authorize the collaborating agencies to share the information provided on this form to prevent duplication of service.
- ✓ I understand that falsifying any information on this form may subject me to criminal prosecution and restitution for food received.

MAXIMUM GROSS MONTHLY INCOME FOR ELIGIBILITY								
Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,967	\$2,658	\$3,349	\$4,039	\$4,730	\$5,421	\$6,111	\$6,802
Annual Income	\$23,606	\$31,894	\$40,182	\$48,470	\$56,758	\$65,046	\$73,334	\$81,622
For each additional household member, add \$8,288 for annual income or \$691 for Monthly Income								

RECIPIENT SIGNATURE: _____ **DATE:** _____ **PHOTO ID VERIFIED:** (Note: picture ID is required)

Street Address	Apartment Number	City	Zip Code	Telephone Number
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Name	Age (Circle One)	Gender	Race / Ethnicity (Circle One) <small>A=Asian, B=Black, H=Hispanic, N=Native American, O=Other, W=White, T=2 or More, U=Unspecified</small>	Address Verified?
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RECIPIENT:

	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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ALL ADDITIONAL HOUSEHOLD MEMBERS (Use additional forms if needed):

	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
TOTALS:																