

Date: - -

**Food Pantry Information Sheet**

\_\_\_\_\_ (Last name) \_\_\_\_\_ (First name)

Mailing Address \_\_\_\_\_

Town/City \_\_\_\_\_ ZIP code \_\_\_\_\_

Town/City of RESIDENCE \_\_\_\_\_

Phone # (607) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# of Household members: Children (under 18) \_\_\_\_\_

Adults ..... (18-64) \_\_\_\_\_

Seniors ..... (65+) \_\_\_\_\_

	Name (list yourself first)	Age
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Are you receiving Food Stamps? Yes ( ) No ( )

Signature \_\_\_\_\_

Proof of residence provided? ..... Yes ( ) No ( )