



City of Kenner Department of Community Development  
**KENNER FOOD BANK APPLICATION**



## Instruction Sheet

The attached application must be completed and returned to the food bank to apply for assistance. We are required by the U.S. Department of Agriculture (USDA) and Second Harvest Food Bank to determine if clients are eligible for assistance. You must complete the attached application and provide all information requested as applicable to your household. To be eligible for assistance, your household income cannot exceed the income limits established by the USDA.

If you currently receive assistance from SNAP, you may also be approved for the food bank. Please provide copies of all of the required documents requested below as they apply to you and your household (**We do not make copies**). If our review determines that additional information is needed or your application has missing documents, this information will have to be provided to the food bank staff upon request or your application may be deemed ineligible. We look forward to providing assistance to you.

### **TO APPLY FOR ASSISTANCE YOU MUST COMPLETE THE ATTACHED APPLICATION AND PROVIDE COPIES OF THE FOLLOWING:**

- **Identification**: a copy of your current valid Driver's License/State picture I.D. /Passport
- **Proof of residency**: You must provide proof of occupancy and residency. Two documents are required. Acceptable documents include a lease, utility bill, mortgage statement, deed, or tax bill.
- **Proof of Family Size**: You must list the name, age, sex and relationship to you of all persons currently living in your household.
- **Proof of HOUSEHOLD INCOME: You must Income** for each person living in the home would include copies of the following as applicable:
  - \_\_\_\_\_ a copy of the most recent pay check stubs for all household members.
  - \_\_\_\_\_ Copy of current benefit letter from social security, VA, Pension/Retirement, Survivors Benefits, Child Support, Unemployment, Workmen's Compensation
  - \_\_\_\_\_ Copy of Food Stamp Program Record (AFDC/Welfare). If you are currently receiving SNAP assistance; please attach your current award letter from DCFS.

You are asked to return the completed application and required documents to the

**Kenner Food Bank**  
**317 Oxley Street - Kenner, Louisiana 70062**

Please be advised that submission of an application does not guarantee your eligibility and approval for assistance. We will review all documentation provided, and inform you of your eligibility. If further information is needed, please contact Shantell Miller, Food Bank Supervisor at 504-468-7220. We look forward to assisting you in meeting the nutritional needs of your family.

# Kenner Food Bank 2016 Application

## APPLICANT INFORMATION

|  |  |                    |               |
|--|--|--------------------|---------------|
| Name:  |  |                    |               |
| Date of Birth:                               |  | SSN:               |               |
| Primary Phone #:                             |  | Alternate Phone #: |               |
| Current address:                             |  |                    |               |
| City:  |  | State:             | ZIP Code:     |
| Alternate Person Authorized to Pick-up Food: |  | Phone#:            | Relationship: |

## SECTION ONE: HOUSEHOLD INFORMATION

Marital Status (check one):  
 Single     Married     Separated     Divorced     Widowed

Head of Household (check one):  
 Single     Couple     Elderly     Disabled     Single Parent     Two Parent  
 Other

Number of persons currently living in home: Total \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

*Please list the names of all persons currently living with you in the chart below*

| Members of Household: | Relationship to Applicant: | Age: | Sex: M/F | Employed Yes/No |
|-----------------------|----------------------------|------|----------|-----------------|
|                       | Applicant                  |      |          |                 |
|                       |                            |      |          |                 |
|                       |                            |      |          |                 |
|                       |                            |      |          |                 |
|                       |                            |      |          |                 |
|                       |                            |      |          |                 |
|                       |                            |      |          |                 |

## SECTION TWO: SUPPLEMENTAL INCOME/EMPLOYMENT

If you are currently receiving assistance from SNAP, TANF, SSDI, or SSI please complete the chart below. **PLEASE NOTE: A CURRENT statement /benefit letter from the agency HAS TO BE PROVIDED TO US.**

| Name of Beneficiary<br><i>(Household Member):</i> | Income Source: | Amount: | Current Benefit Letter/Statement Attached? Yes/No |
|---|----------------|---------|---|
|   | SNAP           |         |   |
|   | TANF           |         |   |
|   | SSDI           |         |   |
|   | SSI            |         |   |
|   |                |         |   |
|   |                |         |   |

If you or any members of your household receive any of the above forms of financial assistance you do not have to complete Sections Three and Four. **Proceed to Section Five.**

**Employment Status:** (check one):  Employed  Unemployed  
 Unemployed with no Income(See Section 4)

Employer Name:

Employer Address:

City: State: Zip:

Phone: Fax:

Position/Title: Salary: \$ Start Date:

**SECTION THREE: HOUSEHOLD INCOME**

**You are required to provide proof of your total household income.** Acceptable documents for each person living in the home include (as applicable) copies of:

- a. A recent pay check stub for all income earning household members
- b. Copy of current Benefit Letter from Social Security, VA, Pension/Retirement, child Support, Unemployment, Workmen’s Compensation, etc.

**List below the income(s) of the Applicant and all household members who currently live in the home**  
 List income from all sources. Income includes, but is not limited to:

- Public or general assistance, all wages and salaries, overtime pay, commissions, fee, tips and bonuses, and other compensation for personal services.
- Income from the operation of a business or profession.
- Income from interest and/or dividends.
- All gross payments received from social Security, Supplemental Social Security Benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

**NOTE:** If you or any member of your household work more than one job, **each** should itemized in the table below:

| NAME<br>(including applicant) | RELATIONSHIP      | AGE | INCOME<br>SOURCE | INCOME<br>AMT./MO. |
|-------------------------------|-------------------|-----|------------------|--------------------|
|                               | Head of Household |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |
|                               |                   |     |                  |                    |

If you are currently unemployed and receiving unemployment benefits please provide us a copy of your current benefit statement.

**SECTION FOUR: DECLARATION OF NO INCOME STATEMENT**

A declaration of no income statement is required if you or other members of your household 18 and older are unemployed and **DO NOT have any income at this time**. Please complete and return the attached ZERO INCOME statement. Additional copies can be made as needed.

Are you currently homeless?  Yes  No *If yes you will be referred to an In-take Specialist for additional assistance.*

**SECTION FIVE: INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**SEX:** Female Male

**HOUSEHOLD TYPE:**

- Single, Non- Elderly Elderly
- Single Parent Two Parents
- Female Head of Household Other

**ETHNICITY:** (select only one) Hispanic or Latino Not Hispanic or Latino

**RACE:**(select one or more)

- American Indian or Alaska Native Asian
- Black or African American White
- Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information: \_\_\_\_\_(Initials)

**APPLICANT CERTIFICATION**

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. By signing below, I certify that the information I have provided is true and correct.

\_\_\_\_\_  
**Print Applicant Name**                      **Applicant Signature**                      **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Print Co-Applicant Name**                      **Co-Applicant Signature**                      **DATE:** \_\_\_\_\_

**\*\*Do not write below this line \*\***

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

**TOTAL INCOME EARNING OF HOUSEHOLD MEMBERS:** \_\_\_\_\_

**TOTAL MONTHLY GROSS INCOME:** \$ \_\_\_\_\_

Is applicant currently homeless?  Yes  No *If yes, make proper agency referrals.*

**Date of referral:** \_\_\_\_\_