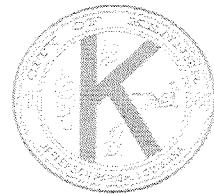




City of Kenner Department of Citizens Services

KENNER FOOD BANK APPLICATION



TO: All Food Bank Applicants

We are required by the United States Department of Agriculture (USDA) and Second Harvest Food Bank to determine if clients qualify for food assistance. You must complete the attached application. To be eligible, your household income cannot exceed income limits established by the USDA. Approved applicants are eligible to receive food assistance once a month.

You must provide copies of all of the required documents requested below as they apply to you and your household (**WE DO NOT MAKE COPIES**). Any missing documents must 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 applicant 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 Income** for each person living in the home would include copies of the following as applicable:
 - ___ A copy of two 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:

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 the Kenner Food Bank directly at 504-468-7220. We look forward to assisting you in meeting the nutritional needs of your family.

Kenner Food Bank Application for Assistance

APPLICANT INFORMATION				
Name: _____				
Date of Birth: _____				
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): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Head of Household (check one): <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Other				
Number of persons currently living in home: Total _____ Adults _____ Children _____				
<i>Please list the names of all persons currently living with you in the chart below</i>				
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 <u>SNAP</u> , <u>TANF</u> , <u>SSDI</u> , or <u>SSI</u> please complete the chart below. <u>PLEASE NOTE: A CURRENT statement /benefit letter from the agency HAS TO BE PROVIDED TO US.</u>				
Name of Beneficiary (Household Member):	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 be itemized in the table below:

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:

<input type="checkbox"/> Single, Non- Elderly	<input type="checkbox"/> Elderly
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Two Parents
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Other

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

RACE:(select one or more)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> 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: _____