



Name Last \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 E-mail \_\_\_\_\_ **Authorized Pickup** \_\_\_\_\_

**Proof of Residency:**

- (1) **Green Mountain Power Bill** showing service address dated within the last 30 days. \_\_\_\_\_ (date) OR  
 (2) A **lease/rental agreement** signed by the landlord and person requesting assistance/food \_\_\_\_\_ (date)

Number: Age (60+) \_\_\_\_ Age (22-59) \_\_\_\_ Age (17-21) \_\_\_\_ Age 7-16 \_\_\_\_ Age (0-6) \_\_\_\_

**First and Last Names**

Applicant _____	Child 1 _____	Child 5 _____
Adult _____	Child 2 _____	Child 6 _____
Adult _____	Child 3 _____	Child 7 _____
Adult _____	Child 4 _____	Child 8 _____

Is anyone in your household Active or Prior Military? Yes No

Please Circle all **income sources** and **benefits** that **any person** in your household **currently receives:**

Earned Income	Social Security	Reach-Up (TANF)	Medicaid
Unemployment	Pension/Retirement	WIC	Dr. Dynasaur
General Assistance	Child Support	3Squares (Food Stamps)	VA Benefits
SSI	Subsidized Rent	Commodities	VCIL
SSDI	Fuel Assistance	Other _____	

List benefits/services any person in your household is **currently applying for:**

Circumstances you would like to share:

**I am asking for help with:** Food Financial Emergency Assistance

**Applicant Signature** \_\_\_\_\_ **Volunteer Assisting** \_\_\_\_\_ **Date** \_\_\_\_\_