



NORTHFIELD TOWNSHIP FOOD PANTRY

FOOD PANTRY APPLICATION 2023

PLEASE EMAIL THIS APPLICATION AND SUPPORTING DOCUMENTS TO: admin@northfieldtownship.com

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

OTHER ADULT(S) AT THIS ADDRESS:

CHILDREN UNDER 18:

Child's Name	Date of Birth	School Currently Attending

By signing this application I attest, under penalty of perjury, that this household is experiencing food insecurity and that the total gross monthly income for all named occupants is at or below 200% of federal poverty level (refer to table). I also understand that the Northfield Township Food Pantry reserves the right to require additional documentation verifying household size, residency, and/or income. Anything received from the pantry will be used towards providing food and personal hygiene/essential care products for the individuals listed on this application only

Signature _____ Date _____

NUMBER OF PEOPLE IN HOUSEHOLD	TOTAL GROSS MONTHLY INCOME
1	\$2,430
2	\$3,287
3	\$4,143
4	\$5,000
5	\$5,857
6	\$6,713
7	\$7,570
8	\$7,775
