



# NORTHFIELD TOWNSHIP FOOD PANTRY

## FOOD PANTRY APPLICATION 2022

PLEASE EMAIL THIS APPLICATION AND SUPPORTING DOCUMENTS TO: [admin@northfieldtownship.com](mailto: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 250% 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD	TOTAL GROSS MONTHLY INCOME
1	\$2,147
2	\$2,903
3	\$3,660
4	\$4,417
5	\$5,173
6	\$5,930
7	\$6,590
8	\$6,737