



# NORTHFIELD TOWNSHIP FOOD PANTRY

## FOOD PANTRY APPLICATION 2023

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 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	\$2,265
2	\$3,052
3	\$3,838
4	\$4,625
5	\$5,412
6	\$6,198
7	\$6,985
8	\$7,324

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