

## F.I.S.H. Application



**NORTH  
LIGHT**  
COMMUNITY CENTER

A Place Where  
Neighbors Meet

Date: \_\_\_\_\_ Applicant Name (last, first): \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Who referred you to North Light? How did you hear about us? \_\_\_\_\_

Relationship Status:  Single  Married  Divorced  Separated  Widowed

Are you the head of the household? Yes or No If no who is? \_\_\_\_\_

Were you assisted before at North Light through any other program? \_\_\_ Yes or \_\_\_ No Which program? \_\_\_\_\_

Are you actively seeking employment? \_\_\_ Yes \_\_\_ No How? \_\_\_\_\_

**List total # of persons in household including their relationship to you (Include yourself first):**

Date of Birth Or age	Full Name	Relationship to you	Disabled (Yes or No)	Male/Female (M or F)	Race/ Ethnicity*	Veteran (Yes or No)
__/__/__	_____	SELF	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____	_____

\*Race/Ethnicity: Black/African American, Asian, Hispanic/Latinix, White, American Indian/Alaska Native, Native Hawaiian/Pacific Islander

List any sources of household income for anyone above 18 years of age. Please attach copies of proof of income.

Income Type	Income Amount - Self	Income Amount – Other Household Members
DPW: Cash Amount		
DPW: Food Stamps Amount		
Social Security Date Awarded: _____		
Disability Amount Date Awarded: _____		
Pension Amount Date of Check Stub: _____		
Unemployment Amount Date Awarded: _____		
Employment		
<b>Total Income</b>		

Name of Employer: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

North Light’s food cupboard was instituted to provide assistance to persons in need. Only one food order will be dispersed per household/family. Proof of income and address must be provided when requested.

I do hereby give consent to North Light Community Center for the release of my personal and household financial information included in this application, for the purposes of determining eligibility in the FISH program. I understand that, in applying to F.I.S.H., I am receiving items donated by the community. I will not hold any Board Member, Staff or other member of North Light responsible for any illness or allergic reaction to myself or other members of my household, or for the quality of donated items. In order to continue to receive food I must submit an application annually. I understand that food vouchers are subject to availability.

\_\_\_\_\_  
Client Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
North Light Representative Signature

\_\_\_/\_\_\_/\_\_\_  
Date