



**NORTH LIGHT**  
COMMUNITY CENTER

A Place Where  
Neighbors Meet

## Food Pantry Application

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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? \_\_\_\_\_

**Include every persons in household including all information listed below. (Include yourself first):**

Date of Birth	Full Name	Relationship To you	Disabled (Yes or No)	Gender*	Race/ Ethnicity**	Veteran (Yes or No)
_____	_____	SELF	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Gender: Woman, Man, Transgender, Non-binary/non-conforming or Prefer not to respond

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

**Attach any sources of household income for anyone above 18 years of age, including but not limited to pay from employment, food stamps, social security, disability, pension, and unemployment.**

If employed, how often do you receive pay: Biweekly Weekly Monthly Twice Monthly

**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

*For Admin Use ONLY*  
Received By: \_\_\_\_\_ Received on: \_\_\_\_\_



Children (0-17) \_\_\_\_\_  
 Adults \_\_\_\_\_  
 Seniors (60 and up) \_\_\_\_\_

**Bureau of Food Assistance**

**The Emergency Food Assistance Program (TEFAP)**

**"Self Declaration of Need"**

Effective July 1, 2022 to June 30, 2023

\_\_\_\_\_  
 Recipient Name

\_\_\_\_\_  
 Agency Representative Signature Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Distribution Site Name Number

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Distribution Site Location

The Emergency Food Assistance Program is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

<b>Total Household Income (based on 185% of Poverty)</b>			
<b>Household Size</b>			
<b>Circle One</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$ 25,142	\$ 2,095	\$ 484
2	\$ 33,874	\$ 2,823	\$ 651
3	\$ 42,606	\$ 3,551	\$ 819
4	\$ 51,338	\$ 4,278	\$ 987
5	\$ 60,070	\$ 5,006	\$ 1,155
6	\$ 68,802	\$ 5,734	\$ 1,323
7	\$ 77,534	\$ 6,461	\$ 1,491
8	\$ 86,266	\$ 7,189	\$ 1,659
<i>For each additional family member add:</i>	\$ 8,732	\$ 728	\$ 168

I understand the household income limitations and hereby certify that my household size and income make me eligible for participation in the program. I also certify that, as of today, my household lives in the area served by Pennsylvania in The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of Federal assistance.

**I UNDERSTAND THAT MAKING A FALSE STATEMENT MAY RESULT IN MY HAVING TO PAY FOR THE VALUE OF THE FOOD IMPROPERLY ISSUED TO ME AND MAY SUBJECT ME TO CRIMINAL PROSECUTION UNDER STATE AND FEDERAL LAW.**

\_\_\_\_\_  
 Recipient Signature

\_\_\_\_\_  
 Date



Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

**THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.**

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

program.intake@usda.gov

Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to pick up my TEFAP Food Package and deliver it to me.

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

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Pantry Representative

Proxy ID Verified