



JOHN O. WILSON
HAMILTON NEIGHBORHOOD CENTER, INC.

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FOOD PANTRY APPLICATION

Part 1. Required Personal Information

INTAKE DATE: ____/____/____

FIRST NAME: _____ M.I. _____ LAST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE #: () _____

CELL #: () _____ EMAIL: _____

DOB: ____/____/____ SS#: ____-____-____ GENDER: M F OTHER

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

RACE: AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN AMERICAN

HISPANIC NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE/CAUCASIAN OTHER

LEVEL OF EDUCATION: 0-8 9-12 DIPLOMA COLLEGE _____ VETERAN STATUS: YES NO

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER

HOUSEHOLD INFORMATION:

DO YOU OWN? RENT? OTHER (Please explain): _____

HEAD OF HOUSEHOLD (NAME): _____ # OF PEOPLE IN HOUSEHOLD: _____

PLEASE LIST:

<u>NAME:</u>	<u>AGE:</u>	<u>SOCIAL SECURITY #:</u>	<u>DOB:</u>	<u>RELATIONSHIP TO CLIENT:</u>
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____

_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____

INCOME INFORMATION (MONTHLY):

ARE YOU EMPLOYED (Circle one)? YES OR NO

If Yes: FULL TIME PART TIME

- No Income
- Earned Wages: \$ _____
- Unemployment Benefits: \$ _____
- SSI: \$ _____
- SSDI: \$ _____
- TEFAP: \$ _____
- SNAP: \$ _____
- TANF: \$ _____
- Other (specify): _____ \$ _____
- Veteran's Pension: \$ _____
- Alimony/Other Spousal Support: \$ _____
- Child Support: \$ _____
- Pension Previous Employment: \$ _____
- Private Disability Insurance: \$ _____
- Rental Income: \$ _____

TOTAL MONTHLY INCOME: \$ _____ TOTAL ANNUAL INCOME: \$ _____

Part 2. Required Documents

You MUST INCLUDE the following additional document with this application

- ✓ Proof of income for ALL ADULTS in the house for the last 4 weeks of this application. Proof of income MUST BE (a) copies of your paycheck stubs for the last 4 weeks (either 4 weekly or 2 biweekly); or (b) copy of verification/determination letters such as Social Security, SSDI, TANF, Unemployment Insurance, etc.
- ✓ A copy of the NJ Driver's License or Photo ID with current address for ALL ADULTS in the household
- ✓ A copy of the Social Security Card for EVERYONE in the household (including children)
- ✓ A copy of the Birth Certificate for ALL children in the household

ARE COPIES OF ALL DOCUMENTS PROVIDED: YES OR NO

Part 3. Required Authorization/Release of Information Form

I, _____, certify that all supporting information is true and accurate. I give JOHN O. WILSON HAMILTON NEIGHBORHOOD CENTER, INC. authorization to obtain information and/or release information in order to evaluate my case and provide me with assistance.

CLIENT'S SIGNATURE: _____ DATE: ____/____/____

CASE MANAGER'S SIGNATURE: _____ DATE: ____/____/____

Part 4. VOLUNARY Photo Release Form

I hereby grant permission to JOHN O. WILSON HAMILTON NEIGHBORHOOD CENTER, INC. to use photograph(s) of myself and my child(ren) to promote the Center's programs and services. I understand that the images may be used in print and digital publications, presentations, website, and social media. I also understand this permission is completely voluntary, has no bearing on the outcome of this application, and is without compensation paid to me for the use of any photo(s).

CLIENT'S SIGNATURE: _____ **DATE:** ____/____/____