PLEASE PRINT CLEARLY!!!!

**House of Bread Deliverance Church Food Pantry**

**Intake Form 2020**

First Name: Last Name:

Date of Birth: Phone#:

Physical Address (NO P.O. Boxes):

City: Zip Code:

Veteran? Yes No Married: Yes or No

(***Proof of Address MUST be at LEAST your DRIVER LICENSES or UTILITIY BILLS. Your proof MUST match***

Proof of Address: Yes \_\_No Type of Proof

Number of adults in your household? Ages

Number of children in your household? Ages

**Reason for needing help?**

**(*Circle the ones that apply*)**

Disaster Victim (fire, flood, tornado, etc.)

Fixed Income (SSI, TANF, etc.)

Unemployed or Laid off

Sort of Illness

Employed

Other (please explain):

 **Signature Date**

**(*DO NOT PASS THIS LINE)***

**Apostle Saint Mary Harris**

**Food Pantry Director Signature Date**