

NAME: _____

DATE _____

Burlington Food & Fuel Bank Application

Office Use Only:

Need:

Food Pantry _____
Heating Assistance _____
Other _____

Received: ID _____
Copies of Pay Stubs _____
(or SS, Disability, Unemployment)
Copies of Bank Sts. _____
Latest Tax Return _____
Contacted BCO _____
Assistance Approved _____
Thanksgiving ___ Christmas _____

PLEASE PRINT

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

DATE OF BIRTH _____ AGE _____ Referral Source: _____

Name of Significant Other _____ Date of Birth _____ Age _____
Home Phone _____ Cell Phone _____

Number of people living in the household _____

Adults _____ Children _____ Infants _____ Senior Citizens _____
(Ages 1-17 yrs.) (Ages 0-2 years)

(Age 65 plus)

Name of People Living in the household:

Name _____ Date of Birth _____ Age _____ Sex _____

Reason for Assistance _____

Applicant's Place of Employment _____

Weekly Income \$ _____ Monthly Income \$ _____

Significant Other's Place of Employment _____

Weekly Income \$ _____ Monthly Income \$ _____

Any Other Income coming into the home: _____

Please circle yes or no. If yes, provide the dollar amount. If yes, amounts paid or received

Do you rent? No Yes \$ _____
Do you own your own home? No Yes \$ _____
Do you have a mortgage? No Yes \$ _____
Do you pay for heat? No Yes \$ _____
Choose one: Gas _____ Electric _____ Oil _____ Other _____

Monthly payments: Electric \$_____ Phone \$_____ Gas (car) bill\$_____ Cable bill_____

Do you pay for childcare? No Yes \$_____

Do you receive alimony/child support? No Yes \$_____

Do you receive Food Stamps? No Yes \$_____

Do you receive free or reduced lunch? No Yes \$_____

Do you receive energy assistance? No Yes \$_____

Do you have a credit card balance(s)? No Yes \$_____

Is anyone in your household on disability? No Yes \$_____

Are you under a doctor's care? No Yes \$_____

Do you have Medical Coverage? No Yes \$_____

Name of Insurance Company_____

Primary Cardholder's Name _____

How can our program be of help to you? _____

Type of Income – Are you working? No Yes \$_____ Gross Amount

Name of Employer _____

Are you collecting unemployment? No Yes \$_____ Amount Received

Are you collecting Social Security? No Yes \$_____ Amount Received

Are you collecting a Pension? No Yes \$_____ Amount Received

Are you collecting Veteran's Benefits? No Yes \$_____ Amount Received

Are you collecting Worker's Comp.? No Yes \$_____ Amount Received

Are you collecting General Assistance? No Yes \$_____ Amount Received

Are you collecting Rental Income? No Yes \$_____ Amount Received

Are you collecting any other income, please specify _____

Does any member of the household receive income? No Yes

If yes, what is the source and amount of the income received? _____

Comments _____

I hereby certify that the information given is accurate and completely true:

Signature **Date**

I authorize the Burlington Food & Fuel Bank to exchange and/or release information concerning my history, finances, care and any other related information contained in this application to be used or referral purposes only. This consent will expire one year from the date of signature.

I have read the above and understand it purpose.

Signature **Date** 8/8/2014

