



SOUTH BRUNSWICK TOWNSHIP  
DEPARTMENT OF SOCIAL SERVICES  
FOOD PANTRY APPLICATION 2023

Application Date: _____
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<b>HOUSEHOLD INFORMATION:</b>		LAST NAME	FIRST NAME	BIRTHDATE	
HEAD of HOUSEHOLD					
OTHER ADULT					
ADDITIONAL ADULT					
CHILDREN (include school age children 18 and below AND any adult children if those children are attending college/university and are still part of the household even if they live on campus)		LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL CHILD ATTENDS
<b>CONTACT INFORMATION</b>					
ADDRESS:		CELL PHONE:		EMAIL:	
CITY, STATE ZIP:		HOME PHONE:			
<b>EMPLOYMENT INFORMATION</b>					
EMPLOYER NAME:		ANNUAL SALARY (\$):		Status:	
EMPLOYER ADDRESS:		CITY, STATE ZIP:		Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
<b>DEMOGRAPHICS</b>					
Please select the race/ethnicity that best describes you and your family:		(PLEASE SELECT THE BEST OPTION; 1 response only)		Are you Hispanic?	
WHITE		<input type="checkbox"/>		YES	<input type="checkbox"/>
BLACK/AFRICAN AMERICAN		<input type="checkbox"/>		NO	<input type="checkbox"/>
ASIAN		<input type="checkbox"/>			
NATIVE HAWAIIAN/OTHER PACIFIC		<input type="checkbox"/>		Are you disabled?	
AMERICAN INDIAN/ALASKA NATIVE		<input type="checkbox"/>		YES	<input type="checkbox"/>
ASIAN & WHITE		<input type="checkbox"/>		NO	<input type="checkbox"/>
AMERICAN INDIAN/ALASKA NATIVE &		<input type="checkbox"/>			
BLACK/AFRICAN AMERICAN & WHITE		<input type="checkbox"/>		What is your age range?	
AMERICAN INDIAN/ALASKA NATIVE &		<input type="checkbox"/>		UNDER AGE 62	<input type="checkbox"/>
OTHER MULTI RACE		<input type="checkbox"/>		AGE 62 or OVER	<input type="checkbox"/>
Is anyone in your house diabetic?				Are you homebound? That is to say, you have no access or means to pick up your monthly food pantry items.	
YES		<input type="checkbox"/>		YES	<input type="checkbox"/>
NO		<input type="checkbox"/>		NO	<input type="checkbox"/>
MAYBE		<input type="checkbox"/>		MAYBE	<input type="checkbox"/>
Please select <u>all</u> the dietary needs or restrictions for your household. <u>Be sure to select all that apply.</u>					
*As a reminder always specify dietary needs/restrictions when you are making your appointment so the pantry can have your pick up ready to your specifications. SB Social Services Pantry will do its best to accommodate dietary restrictions if the pantry has the appropriate inventory at the time of the appointment.					
DIABETIC	<input type="checkbox"/>	KOSHER	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>
GLUTEN-FREE	<input type="checkbox"/>	VEGAN	<input type="checkbox"/>		
HALAL	<input type="checkbox"/>	VEGETARIAN	<input type="checkbox"/>		
INDIAN	<input type="checkbox"/>	NONE	<input type="checkbox"/>		

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Please circle below the category that matches your household size and income level.

Category	HOUSEHOLD SIZE - Number of Persons Residing in your Home					
	1	2	3	4	5	6
Extremely Low (0-30% AMI)	\$0- \$28,500	\$0 - \$32,600	\$0 - \$36,650	\$0 - \$40,700	\$0 - \$44,000	\$0 - \$47,250
Low (30+ - 50% AMI)	\$28,501 - \$47,500	\$32,601 - \$54,250	\$36,651 - \$61,050	\$40,701 - \$67,800	\$44,001 - \$73,250	\$47,251 - \$78,650
Moderate (50+ -80% AMI)	\$47,501 - \$63,000	\$54,251 - \$72,000	\$61,050 - \$81,000	\$67,801 - \$90,000	\$73,251 - \$97,200	\$78,051 - \$104,400
Non-Low/Moderate (80+ % AMI)	Over \$63,000	Over \$72,000	Over \$81,000	Over \$90,000	Over \$97,200	Over \$104,400

**INCOME**

Please provide all figures in this section in terms of **net household income (after-tax income)**. Thus, please collate figures of all members of the household.

Please write N/A if not applicable at this time; please do not leave blanks.

CATEGORY	NET MONTHLY INCOME (\$)
WAGES	
PENSION(S)	
SOCIAL SECURITY	
WELFARE	
ALIMONY	
UNEMPLOYMENT (Please provide the anticipated end-date for	
SSI/SSD	
CHILD SUPPORT	
FOOD STAMPS	
SECTION 8	
401K WITHDRAWAL	
ASSISTANCE from FAMILY/FRIENDS/COMMUNITY	
OTHER (Specify)	
<b>TOTAL MONTHLY INCOME (\$)</b>	

**EXPENSES**

Please write N/A if not applicable at this time; please do not leave blanks.

<b><u>HOUSING</u></b>	<b><u>MONTHLY</u></b>
MORTGAGE	
RENT	
HOME/APT. INSURANCE	
ASSOCIATION DUES	
OTHER (ex. home repairs) (Specify) _____	
<b><u>FOOD</u></b>	<b><u>MONTHLY</u></b>
GROCERY STORE	
<b><u>UTILITIES</u></b>	<b><u>MONTHLY</u></b>
GAS/OIL	
ELECTRIC	
CABLE	
PHONE (HOME)	
PHONE (CELL)	
OTHER (ex. firewood) (specify) _____	
<b><u>TRANSPORTATION</u></b>	<b><u>MONTHLY</u></b>
CAR LOAN(S)	
CAR INSURANCE	
CAR REPAIRS	
BUS/TAXI/CAR SERVICE (ex. Uber)	
<b><u>MEDICAL</u></b>	<b><u>MONTHLY</u></b>
MEDICAL BILLS	
MEDICAL INSURANCE	
PRESCRIPTIONS	
DENTAL	
OTHER (ex. medical equipment) (specify) _____	
<b><u>DEBT</u></b>	<b><u>MONTHLY</u></b>
CREDIT CARD (S), collectively, if applicable	
DEBT PAYMENT PLAN	
PERSONAL LOAN	
TUITION	
OTHER (ex. gambling) (specify) _____	
<b><u>MISCELLANEOUS</u></b>	<b><u>MONTHLY</u></b>
CHILD SUPPORT	
ALIMONY	
LIFE INSURANCE	
FINE(S) (such as motor vehicle violations)	
INCOME TAX	
<b>TOTAL MONTHLY EXPENSES (\$)</b>	

Authorization

**AUTHORIZATION TO RELEASE INFORMATION**

I/We give my/our permission to organizations, agencies, and businesses, both public and private, to release personal information about me/us to South Brunswick Social Services as part of my/our request for assistance. I/we also give permission for information to be released by South Brunswick Social Services about me/us to organizations, agencies and businesses both public and private as part of any continuation of assistance. I acknowledge that this information may regard, but is not limited to, payment history, debts, income, employment status, public assistance and legal judgments. The information received by South Brunswick Social Services shall be used only for evaluation for determining my/our request and/or continuation of assistance, and shall not be disclosed to others except as may be required by law. This permission shall remain in effect for one year from the date signed below. A copy of this form showing my/our signature may be relied upon to release information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*I certify that all information contained in this application is true. If there is a reasonable suspicion that information provided on this application is materially false or misleading, South Brunswick reserves the right to terminate services.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the following individual(s) to pick up food for me if I am unable to:

NAME: \_\_\_\_\_

I/we have been informed that as of January 1, 2023, South Brunswick Social Services will be issuing grocery gift cards 4 times per year max. These can be picked up in concurrent months but cannot exceed that maximum of 4 gift cards.

Food can be picked up by appointment one time per month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Parents of Children:** In order to provide services for families with school age children, we often reach out to those schools your child attends as well as other local community agencies.

I consent to being informed that pertinent information will be shared between such agencies on an as needed basis. These agencies will be held to the same level of confidentiality as the South Brunswick Social Services Department. This permission shall remain in effect for one year from today.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification**

Please provide the following documents to verify eligibility to receive assistance from the South Brunswick Food Pantry.

- |    |                                                        |
|----|--------------------------------------------------------|
| 1. | A copy of your lease or deed                           |
| 2. | Most recent pay stub                                   |
| 3. | Your SNAP card                                         |
| 4. | Your Social Security Award letter                      |
| 5. | Letter from county verifying welfare assistance status |