TEWKSBURY COMMUNITY PANTRY, INC.

999 Whipple Road, Tewksbury, MA 01876 – 978-858-2273 *Like us on Facebook – Tewksbury Community Pantry* e-mail: info@tewksburypantry.org website: www.tewksburypantry.org

2017 Application for Food Assistance				
TEWKSBURY RESIDENTS ONLY: Requirements: Application must be filled form of a current Bill and Photo ID (lic/mass Sunday, but new clients must return complet Saturday to be eligible for food. Distribution Saturday, 10 am -12 of each month, unless on November. In order to receive a Thanksgiving The Tewksbury Pantry is here to provide food food assistance, but strives to help on a temporary of the second stripe of the second st	es ID) is REQUIRED ted applications with it is held the second Stherwise noted. Apple Distribution, your in assistance to those in rary basis.	when applying. Ap information required unday, 9 am – 12, N ication renewals for formation needs to b need. Our pantry do	plications m l either Mor Monday, 7-8. all clients wi e filed with to besn't wish t	nay be distributed on aday or the following 30 pm and the following Il take place annually in the TCP.
Please list ALL members of the same a Name	Monthly Income*	Date of Birth	Sex	Relationship
*Monthly income for each household men disability, child support, social security, soci welfare and veteran's income.				
Address:	Telephone #			
e-Mail Address- used for special announcement	s/reminders:			_
Number in Household Adults (18-64)	Children (17 & unde	er) Seniors (6:	5 & over) _	
Do you or any of the household members p	articipate in the follo	owing programs?		
Emergency Fuel Assistance: Yes No	Food Stamps: Yo	esAmount	No	
WIC: YesNo	Veterans			
The Tewksbury Community Pantry is a volunational origin, age, sexual orientation, reli	nteer, non-profit orga	nization and does no		
Notice: Tewksbury Community Pantry, Inc. is a individuals/families seeking food assistance. We disclaim all liability, which may result from the capplication. This disclaimer includes, but is not I food or consumption of contaminated food, spoil pantry volunteer. I agree the food that I receive the Code of Conduct.	are not involved in the consumption of food, or imited to any sickness, led food, or tainted food	preparation or packag use of any donated it injury, or death that m l, or other injury or de	ing of any fo em provided ay result fror ath caused by	od product. As a result, we as a result of this n the receipt of goods or any donor to the pantry or

For Office Use Only: Pantry Verification Signature______

Drivers License or ID _____ Utility Bill _____ Income Listed _____ Telephone #

_____Date____

Applicant Signature ____