TEWKSBURY COMMUNITY PANTRY, INC.

999 Whipple Road, Tewksbury, MA 01876 – 978-858-2273

e-mail: info@tewksburypantry.org website: www.tewksburypantry.org

2024 Application for Food Assistance

TEWKSBURY RESIDENTS ONLY:		Date:		
Requirements: Application must be filled out form of a current Bill and Photo ID (lic/mass I Sunday, but new clients must return completed Saturday to be eligible for food that month. Di Monday 7-8:00 pm and the following Saturday Application renewals for all clients will take place your information needs to be complete. The Texture	(D) is REQUIRED was applications with in istributions are held of 10-11 am of each make annually in November 200.	when applying. A formation require on the second Sun north, unless other. In order to r	pplications med either Mon nday 9–11am, rwise noted. eccive a Than	nay be distributed on aday or the following , ksgiving Distribution,
Please list ALL members of the same ad-	dress household (i	including vours	self):	
Name	Monthly Income*	Date of Birt		Relationship
welfare and veteran's income. Address: e-Mail Address- used for special announcements/re	Telephone # Children (17 & under) Seniors (65 & over)			
Do you or any of the household members para	ticipate in the follow	ing programs?		
Emergency Fuel Assistance: Yes No	Food Stan	nps: Yes A	mount	No
WIC: Yes No	Veterans A	Aid: Yes A	mount	No
The Tewksbury Community Pantry is a volunte national origin, age, sexual orientation, religion Notice: Tewksbury Community Pantry, Inc. is a notice of the community Pantry in the community Pantry is a volunte national origin, age, sexual orientation, religion Notice.	er, non-profit organ on and physical or m on-profit entity acting	ization and does i ental ability. as intermediary bet	not discrimina ween multiple	ate with regard to race,
individuals/families seeking food assistance. We are disclaim all liability, which may result from the corrapplication. This disclaimer includes, but is not lim food or consumption of contaminated food, spoiled pantry volunteer. I agree the food that I receive from the Code of Conduct.	sumption of food, or u ited to any sickness, in food, or tainted food,	use of any donated jury, or death that it or other injury or d	item provided a may result from eath caused by	as a result of this in the receipt of goods or any donor to the pantry or
Applicant Signature	Date			
For Office Use Only: Pantry Verification Signature				

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