Taylorsville Food Pantry Application

Please Print

Must live in Taylorsville, zipcode 84123 or 84129

Date: _____ □ Male □ Female

Name: _____
First Last

Address: _____
Street Apartment #

City: _____ State: ___ Zip: _____

Homeless? □ Yes

Phone: (_____) _____-_____

Number in Household by age groups:

0 to 17 years _____
18 to 64 years _____
65+ years _____

Ethnic Background:

□ Alaskan/ Native American
□ Hispanic
□ Black/ African American
□ Asian
□ Caucasian (White)
□ Pacific Islander/ Native American
□ Other

Current Gross Monthly Income: $ _____
Receiving Food Stamps □ Yes □ No
Receiving SSI □ Yes □ No

How many individuals in household are working? _____

I certify that my total household income is within the limits listed (Income Guidelines), and all information is true and correct to the best of my knowledge.

Applicants Signature:

_____

02-04-2012 002678

Income Guidelines (2015-2016)

Family Size	Maximum Monthly Income
1	$1,485
2	$2,003
3	$2,520
4	$3,038
5	$3,555
6	$4,073
7	$4,591
8	$5,111

If family is larger than 8, then add $519 for each additional person.

Office use only:

☐ ID Needed

☐ ID Verified

Name --------	0-17	18-64	65+

Comments:

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