

Grafton Food Bank
P.O. Box 324 Grafton, MA 01519

Application for Assistance

PLEASE PRINT COMPLETE BOTH PAGES OF THIS FORM

Name: _____ **Date:** _____

Address: _____ **Zip Code:** _____

Telephone: Home: _____ **Cell:** _____

Email: _____

Number of People in Household

Total number of people in your household _____

Infants _____ Children _____ Adults _____ Seniors _____
(0 - 2 yrs) (3 - 17 yrs) (18 - 64 yrs) (65 & over)

Income

INCLUDE **ALL** INCOME FROM **EVERY MEMBER** OF YOUR HOUSEHOLD.

Weekly \$ _____ Monthly \$ _____ Other \$ _____

Proof of Residency

I authorize The Friends of Grafton, Inc (Grafton Food Bank) to share my name and that of my dependents with other agencies in Grafton, MA for the purpose of (1) verifying my place of residency, (2) verifying the number of people in my household and (3) consolidating certain programs (holiday gift giving, fuel assistance, etc.).

I understand that failure to sign this form will disqualify me from participating in the monthly food distribution, holiday baskets and gifts, and fuel assistance programs.

Signature _____ **Date** _____

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM

APPLICATION FOR ASSISTANCE

Please list EVERYONE who resides IN YOUR HOUSEHOLD.

Name (Last, First)	Date of Birth	Age	Sex (M/F)
1			
2			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			