# APPLICATION TO OBTAIN FOOD FROM THE FORKS COMMUNITY FOOD BANK

## PLEASE PRINT

Head of Household: _____ Other Adult: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ (Please Check) Home: _____ Cell: _____ or Msg. _____

Date Applying: _____ (Check if Previously Applied) Yes: ___ No: ___ if yes, date: _____

Nature of Emergency: _____

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List **ALL** persons living in Household, including yourself, relationship and age. **PLEASE PRINT**

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

_____ Relationship_____ Age _____

I have answered all questions truthfully and understand that falsifying any information will result in forfeiture of obtaining food from the Forks Community Food Bank in the future.

Signature: _____ Date: _____

03/01/2017