

# La Conner Sunrise Food Bank

602 S 3<sup>rd</sup> Street-PO Box 922 | La Conner WA 98257 | 360-488-3878 | info@laconnerfoodbank.com

The information on this form is required for households receiving government and other commodities at this Food Bank. The information on the form is confidential and subject to annual updates.

## Application to Receive Food from the La Conner Sunrise Food Bank

Your Last Name, First Name \_\_\_\_\_

Street Address, including apartment \_\_\_\_\_

Homeless? (Y)es or (N)o: \_\_\_\_\_ Number of People in Household \_\_\_\_\_

### LIST ALL MEMBERS OF YOUR HOUSEHOLD, including yourself

<i>NAME</i>	<i>BIRTH DATE</i>	<i>GENDER</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

My signature certifies that:

1. My household meets current USDA income requirements as posted by this Food Bank.
2. I agree to notify this Food Bank of any change in address or household size.
3. I am declaring that members of my household are in need of food. The food received from this Food Bank will be used for our home consumption only and will not be sold, traded or bartered.
4. The La Conner Sunrise Food Bank is the only food bank where I receive federal government commodities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Mobile Delivery: Clients MAY register for weekly delivery of food...if elderly, physically disabled, or lacking transportation during regular distribution hours: 2pm-3pm and 5pm-6pm.**

**(If applying for mobile delivery, please mark the appropriate box.)**

- I qualify for mobile delivery because my household lacks transportation during regular Food Bank hours.*
- I qualify for mobile delivery because I am elderly*
- I qualify for mobile delivery because of a disability*

Signature \_\_\_\_\_ Phone \_\_\_\_\_