## **Iron County Mobile Food Pantry Program Eligibility Form**



**Printed Name** 



Name		
Physical Address		P.O. Box
City	State	_ Zip
Telephone	Email	
How many p	people are in your household?	
Of those, ho	ow many are age 17 or under?	
	ow many are ages 18-64?	
Income Eligibility (3	300% of Federal Poverty Guidelines):	:
FAMILY SIZE	ANNUAL INCOME	Add \$4,480 of allowable income
One	\$38,280	for each additional family member.
Two	\$51,720	
Three	\$65,160	
Four	\$78,600	
Five	\$92,040	
Six	\$105,480	
Seven	\$118,920	
Eight	\$132,360	
	lity form, I certify that I qualify for the M rmation provided above.	lobile Food Pantry Program based
Printed Name	Signature	
(Proxy Pick Up) I allov	w the following person to pick up on my	behalf:

## The following questions help us serve you better. Your information is confidential and will not be shared.

## **Ethnicity (Please circle one) Housing Type (Please circle one)** Emergency Shelter/Mission/Transitional White/Anglo Evacuee Black/African American Other Hispanic/Latino Own Home American Indian/ Native American Rental Asian Public (Social) Housing Alaska Native / Aleut/ Eskimo Unhoused Middle-Eastern/North-African With Family/Friends Pacific Islander Youth Home/Shelter Other Prefer not to respond Prefer not to respond Referred By (Please circle one) **Identifies As (Please circle one)** Friend/Neighbor/Participant Disability Google/Website Veteran News/Radio Other Other None None Prefer not to respond Prefer not to respond **Household Members** Date of Birth First Name Last Name