

Dungannon Development Commission, Inc.
Food Bank Application

CARD NUMBER:

Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Phone:	E-mail:	

List all Occupants of the household:

Occupant	Relationship	Social Security Number	Student	Age	Source of Income/ Employer Name	Anticipated Annual Income
1.	(Self)					
2.						
3.						
4.						
5.						
6.						

Total number of people in household:
Total amount of annual income:

Is anyone in the household Hispanic or Latino? Yes No Race: White Black/African American American Indian or Alaskan Native Asian Other

Are all people living in your household United State Citizens? Yes No If no, who? _____

Is anyone in your household disabled? Yes No If yes, who? _____

Does any household member receive Food Stamps? Yes No If yes , who? _____

I Certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Dungannon Development Commission, Inc. within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise on my behalf through the program. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. My Signature authorizes the Dungannon Development Commission, Inc. to obtain any verification needed to establish my eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. My Signature authorizes that I understand the following: *By participating in Dungannon Development Commission, Inc.'s Food Bank, I agree to release both the original donor and Dungannon Development Commission, Inc. as well as any third parties from any liability resulting in/from the condition of the donated food and do further agree to indemnify and hold the Dungannon Development Commission, Inc. and the original donor free and harmless against all and any liabilities, damages, losses, claims, causes of action, law suits in equity of any obligation whatsoever arising out of, or attributed to, any action of the Agency or any personnel employed by the Agency in connection with its storage and use of donated food.*

Applicants Signature or Mark and Witness _____ **Date:** _____