



APPLICATION FOR ASSISTANCE

The Food Pantry assists **all** Scituate residents who need food. Evidence of residency will be required at the time of initial application and periodically after acceptance. We do not require any financial documentation of hardship. If you're struggling, even temporarily, the Food Pantry is here for you. No personal information will be shared outside the Food Pantry.

Primary Contact Information:

Name:	Date of Birth (Required): / /
Street Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Phone:	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone:	Marital Status:
Email:	Nationality/Race:

Other Household Member Information:

(If additional members of the household, please list on back of sheet)

Name:	Relationship to Primary Contact	Date of Birth
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

Proof of Scituate Residency (Required):

- Driver's license
 Property Tax Statement
 Rental Agreement or Rent Receipt
 Utility Bill
 Other: _____

Applicant Signature: _____ Date: _____