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## CLIENT APPLICATION

**\*\*FOR BRAINTREE RESIDENTS ONLY\*\***

**MAKE SURE TO WRITE LEGIBLY**

NAME OF PERSON FILLING OUT THE APPLICATION \_\_\_\_\_

**PLEASE WRITE LEGIBLY**

REASON FOR REQUESTING ASSISTANCE:

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NAMES OF ALL ADULTS IN THE HOUSEHOLD (\*\*ANYONE OVER THE AGE OF 18\*\*):

**\*\*EVERY ADULT MEMBER MUST SHOW ALL DOCUMENTATION TO BE CONSIDERED\*\***

NAME ADULT #1 : \_\_\_\_\_

DATE OF BIRTH ADULT #1: \_\_\_\_\_

FORM OF IDENTIFICATION: \_\_\_\_\_

NAME ADULT #2: \_\_\_\_\_

DATE OF BIRTH ADULT #2: \_\_\_\_\_

FORM OF IDENTIFICATION: \_\_\_\_\_

**ANY ADDITIONAL ADULTS, USE LAST PAGE TO ADD THEM IN**

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*\*FOR ADULTS BEING SUPPORTED BY THEIR ADULT CHILDREN WE WILL NEED TO SEE HOUSEHOLD INCOME, MEANING EVERY ADULTS INCOME IN THE HOUSEHOLD.**

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## CHILDREN

CHILD #1: \_\_\_\_\_  
DATE OF BIRTH CHILD #1: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #2: \_\_\_\_\_  
DATE OF BIRTH CHILD #2: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #3: \_\_\_\_\_  
DATE OF BIRTH CHILD #3: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #4: \_\_\_\_\_  
DATE OF BIRTH CHILD #4: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

**ALL OF THE FOLLOWING DOCUMENTATION IS REQUIRED AT INITIAL VISIT. ANY DOCUMENTATION NOT BROUGHT AT THIS TIME WILL DELAY CONSIDERATION:**

1. DRIVERS LICENSE/PASSPORT/IDENTIFICATION
2. PROOF OF RESIDENCY (UTILITY BILL)
3. COPY OF CURRENT LEASE OR MORTGAGE
4. PROOF OF ALL INCOME (PAY STUBS, UNEMPLOYMENT, AFDC, SSI/SSDI, CHILD SUPPORT & ANY OTHER INCOME) **FOR ALL ADULT MEMBERS OF HOUSEHOLD**
5. BIRTH CERTIFICATES FOR ALL CHILDREN
6. SNAP BENEFITS

**\*\*\*NO DOCUMENTATION WILL BE RETAINED BY US. IT WILL BE USED SOLELY TO VERIFY NEED\*\***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## ADDITIONAL ADULTS

NAME ADULT #3: \_\_\_\_\_  
DATE OF BIRTH ADULT #3: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

NAME ADULT #4: \_\_\_\_\_  
DATE OF BIRTH ADULT #4: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

## ADDITIONAL CHILDREN

CHILD #1: \_\_\_\_\_  
DATE OF BIRTH CHILD #1: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #2: \_\_\_\_\_  
DATE OF BIRTH CHILD #2: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #3: \_\_\_\_\_  
DATE OF BIRTH CHILD #3: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

CHILD #4: \_\_\_\_\_  
DATE OF BIRTH CHILD #4: \_\_\_\_\_  
FORM OF IDENTIFICATION: \_\_\_\_\_

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**TO BE FILLED OUT BY FOOD PANTRY STAFF ONLY:**  
**EVERY LINE SHOULD BE ASKED TO CLIENT AND RESPONSE WRITTEN IN**  
**PAY CLOSE ATTENTION TO HIGHLIGHTED AREAS**

**ONLY ITEMS VERIFIED WITH DOCUMENTATION SHOULD BE WRITTEN IN VERBAL**  
**AMOUNTS NOT ACCEPTED**

**LEASE:**

MORTGAGE/RENT      \$ \_\_\_\_\_ EXPIRES \_\_\_\_\_

**INCOME:**

**PLEASE WRITE IN DOLLAR AMOUNT ONLY IF CONFIRMED WITH DOCUMENTATION**  
**EVERY ADULT MEMBER OF HOUSEHOLD MUST SHOW DOCUMENTATION TO BE CONSIDERED**

SSI/SSDI \$ \_\_\_\_\_ (ADULT 1)  
\_\_\_\_\_ (ADULT 2)  
\_\_\_\_\_ (ADULT 3)  
\_\_\_\_\_ (ADULT 4)

**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

UNEMPLOYMENT \$ \_\_\_\_\_ (ADULT 1)  
\_\_\_\_\_ (ADULT 2)  
\_\_\_\_\_ (ADULT 3)  
\_\_\_\_\_ (ADULT 4)

**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

CHILD SUPPORT    \$ \_\_\_\_\_

**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

AFDC                      \$ \_\_\_\_\_

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**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

**PAY STUBS**

\$ \_\_\_\_\_ (ADULT 1)  
\$ \_\_\_\_\_ (ADULT 2)  
\$ \_\_\_\_\_ (ADULT 3)  
\$ \_\_\_\_\_ (ADULT 4)

**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

ALL OTHER INCOME \$ \_\_\_\_\_ (ADULT 1)  
\_\_\_\_\_ (ADULT 2)  
\_\_\_\_\_ (ADULT 3)  
\_\_\_\_\_ (ADULT 4)

**PLEASE WRITE IN ONLY IF CONFIRMED WITH DOCUMENTATION**

SNAP: \$ \_\_\_\_\_

**FOR THE FOLLOWING ONLY CIRCLE IF SEEN**

COPY OF ID: [ YES / NO ] circle

COPY OF BIRTH CERTIFICATES FOR CHILDREN: [ YES / NO ] circle

IS CLIENT :  
[ APPROVED / DENIED ] circle

IS CLIENT:  
PENDING/WAITING ON DOCUMENTATION [ YES / NO }

SIGNATURE OF COUNSELOR \_\_\_\_\_

DATE: \_\_\_\_\_

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