

**LOVING HEARTS OUTREACH
APPLICANT INFORMATION**

Applicant's First Name	Last Name	Spouse / Significant Other Name		# Persons in Home
Physical Address		City	State	Zip
Total Gross Household Monthly Income		Residing County	Food Stamps? Y / N	Marital Status?
Home Phone	Cell Phone	Do you have custody of children listed below? Y / N If no, who has custody?		

PLEASE LIST ALL PERSONS RESIDING IN HOUSEHOLD

FULL NAME	Relationship	Race	DISABLED ? Y / N	Date of Birth	Age
1					
2					
3					
4					
5					
6					
7					
8					

Do you participate with any other food pantries? If yes, which one(s)?

I agree that all items given to me by Loving Hearts Outreach will be inspected by me and I take full responsibility for all items that leave Loving Hearts Outreach's property with me. I give LHO permission to share and discuss my information with other agencies to better serve my family. I understand and agree that any copies of documentation given to LHO and my permanent record at LHO are property of and belong to LHO. I have read and agree to all terms and rules for assistance by Loving Hearts Outreach.

Applicant's Signature	Date
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