Harford County Community Action Agency, Inc. Food Pantry

1321-B Woodbridge Station Way, Edgewood, MD 21040

Phone: 410-612-9899 www.harfordcaa.org

Important Instructions: Read before completing this application. To file this application, you must be over 18 years old, be the head of your household, and reside in Harford County. Those documents are:

1. **Proof of Identity: A photo ID with your birthdate on it, such as a driver's license, a military ID or passport.**
2. **Proof of Residence: A lease, rent receipt, BG&E bill, cable bill, mortgage statement, property tax bill, or letter from a sobriety house, unless unsheltered.**
3. **Proof of Income: Provide income proof for ALL Household Members for the last 30 days; Pay stubs, benefit or award letter from Social Security, Social Services, VA, or other source, child support statement, retirement and pension.**
4. ***IF ZERO INCOME; YOU CAN PROVIDE -0- RENT LEASE, LETTER OF JOB TERMINATION OR ENROLLMENT IN UNEMPLOYMENT, APPLICATION FOR SS/DISABILITY*. A form for Zero Income will be provided for you to complete.**

NAME OF HEAD OF HOUSEHOLD: _____

ADDRESS: _____

_____

City State Zip

Phone number _____

Email _____

HOUSEHOLD STATUS:

☐ Renter ☐ Homeowner

☐ HUD/subsidized Housing/Section 8

☐ Unsheltered/Homeless

☐ A shelter/transitional housing/sobriety house

☐ A hotel/motel ☐ A car or another vehicle

I declare that that the information I have provided to the Harford County Community Action Agency (HCAA) is true, correct, and complete. I understand that when this application is signed Permission is given to the HCAA to check all household income, bank accounts, housing expenses, and other benefits. If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS) by signing this application I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but not limited to, household members, income, expenses, resources, child support payments, etc. I acknowledge that my application information will be stored digitally in the agency database, CAP60. This information will be maintained with the utmost confidentiality, and only HCAA will have access to individual files within the database. Maryland law protects against fraud. Punishment can occur for not telling the truth when applying for assistance from any HCAA program. HCAA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. **Grievance Process: If you wish to file a grievance you may do so by writing to the Chief Executive Officer (CEO) stating the reason for your concern. The CEO must set up an appointment with you within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution.**

Signature_____**Date**_____

Head of Household

First Name	Last Name	Birth Date	Sex	Race Code*	Hispanic/ Latino	Marital Status	Disabled	Citizen	Veteran	Highest Grade/Degree	Type of Health Insurance
			M F		Yes No		Yes No	Yes No	Yes No		

Household Members

First Name	Last Name	Relationship	Birth Date	Sex	Race Code*	Hispanic/ Latino	Marital Status	Disabled	Citizen	Veteran	Highest Grade/Degree	Type of Health Insurance
				M F		Yes No		Yes No	Yes No	Yes No		
				M F		Yes No		Yes No	Yes No	Yes No		
				M F		Yes No		Yes No	Yes No	Yes No		
				M F		Yes No		Yes No	Yes No	Yes No		
				M F		Yes No		Yes No	Yes No	Yes No		

Race Codes: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Multi-racial 5. Native Hawaiian/Pacific Islander 6. Other 7. White

Household Income- Monthly Gross Income Before Taxes and Other Deductions FOR ALL HOUSEHOLD MEMBERS RECEIVING ANY TYPE OF INCOME

Household Member- LIST ALL	Type of Income	Name of Employer	Gross Income
			$
			$
			$
			$
			$