



MORaine TOWNSHIP FOOD PANTRY



800 Central Avenue Highland Park, IL 60035
847-432-3240 info@morainetownship.org

2023-2024 FOOD PANTRY CERTIFICATION

First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Cell Phone #: _____

Email: _____

List all the people who live in the same household.

Name:	Relationship:	Date of Birth:	School attending and current grade:	Gender:

MORaine TOWNSHIP FOOD PANTRY IS LIMITED TO MORaine TOWNSHIP RESIDENTS

- To verify Moraine Township residency, please provide
 - A signed lease or mortgage statement
 - OR
 - Current Registration for all children enrolled in District 112 or HPHS

***Please talk with staff if you do not have the above items**

- To confirm members of your household, please provide
 - Photo ID for all household members over the age of 18
 - Birth certificates for all household members age 18 or younger
- If you are enrolled in SNAP, and would like to receive household goods for your family, please provide:
 - A current SNAP (LINK) approved letter

CURRENT INCOME GUIDELINES

If you exceed the guidelines but have other emergency circumstances, you may be eligible to use the Pantry on an emergency basis. If you have any questions regarding the Pantry guidelines, please contact the Township office.

<u>Family Size:</u>	<u>Gross Monthly Income Level:</u>
1	\$3,645
2	\$4,930
3	\$6,215
4	\$7,500
5	\$8,785
6	\$10,070
7	\$11,355
8	\$12,640
9	\$12,640
10	\$15,210

Notice: I/ We declare under penalties of perjury that the information supplied in this application and accompanying statements or documents are true and correct. I understand that Township officials may verify the information. I understand that if I give false or incomplete information my Food Pantry privileges may be revoked.

Food Pantry Rules

1. Please treat our staff and volunteers with respect and courtesy; clients who are rude or unkind to staff or volunteers will not be allowed to shop in the pantry.
2. Our Pantry is a small space; only one person per household may shop in the pantry.
3. If you are physically unable to shop for yourself, please let us know.
4. Please bring your own shopping bags.

I have read and agree to abide by Moraine Township Food Pantry Rules

Applicant's Signature: _____

Date _____

Certified Date: _____

Staff Initials / Scanned Date: _____