



CANYON HILLS
COMMUNITY CHURCH

APPLICATION FOR FOOD BANK

- Food bank is available for 1 visit per week for 3 months
 - Review at 3 months to reconsider application

PERSONAL INFORMATION:

First Name _____ Last Name _____

SSN# _____ Birth date _____ Age _____

Address _____ City _____ Zip _____

Monthly income _____ Spouse monthly income _____ Other income _____

(Must be verified with most recent pay stub OR unemployment statement on 2nd week)

Home phone _____ Cell _____ Email _____

Employer/Occupation _____ Work Phone Number: _____

Spouse's Name _____ Spouse's Occupation _____

Spouse's Employer _____ Spouse's Work Phone _____

Number of children living with you _____ Ages _____

Name and age of all others living with you _____

How did you hear about our Food Bank? _____

Are you being helped by another Food Bank and if so, which one? _____

Looking for work? _____ Where have you applied in the last week? _____

Are you receiving Unemployment Compensation? _____ Food Stamps? _____ Public Assistance? _____

Are you receiving any other assistance? _____

Are you receiving child support payments? _____ How much? _____

If approved, what day will you be using the Food Bank? (You will come on this day unless you make prior arrangements to change your scheduled visit)

Tuesday 6:00 PM – 8:00 PM _____ Thursday 6:00AM – 8:00PM _____ (Please arrive no later than 7:00 to ensure that you have time to shop)

RELIGIOUS BACKGROUND:

Canyon Hills Member _____ Canyon Hills Attendee _____ Non-Attendee _____

If non-attendee: Do you have a church home? _____ Where? _____

How often do you attend? _____ Are you a member? _____

FINANCIAL INFORMATION It is important to us that we are accountable to the members of our church who donate out of the goodwill of their hearts to the Canyon Hills Community Church Food Bank – and we strive to be good stewards of what the Lord has entrusted with. Therefore, we request the following information:

Landlord/Mortgagor _____ Monthly Payment _____

Utilities _____ Monthly Payment _____

Insurance _____ Monthly Payment _____

Car: Make and Year _____ Monthly Payment _____

Credit Cards _____ Monthly Payment _____

Please use the space below to give us any other information you think may be of importance in determining your need to use the Food Bank:

I hereby give my consent to Canyon Hills Community Church to share the information contained on this form with other churches and/or agencies.

Applicant Signature

Date

FOR OFFICE USE ONLY

Comments: _____

