



The Salvation Army Central York Region Food Bank Assistance Application

APPLICANT INFORMATION			
1st Name:	Address:		Primary Phone:
Last Name:	Apt. #:	Town:	Cell Phone:
Birthdate (yyyy-mm-dd):	Postal Code:		Email:

OTHER ADULT INFORMATION							
1st Name:	1st Name:	1st Name:	1st Name:	1st Name:	1st Name:	1st Name:	1st Name:
Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:
Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter		Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter		Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter		Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter	

INCOME & EXPENSE INFORMATION			
Total Household Income		Total Household Expenses	
Employment	\$	Rent	\$
Spouse Employment	\$	Mortgage	\$
Ontario Works	\$	Gas	\$
Disability/ODSP	\$	Hydro	\$
Pension	\$	Water	\$
Child Support	\$	Phone+TV+Internet	\$
Child Tax Credit	\$	Child Care/Daycare/Child Support	\$
Covid Support	\$	Transit +/-or Fuel	\$
Other _____	\$	Monthly Loan/Credit Card Payments	\$
Total Household Income	\$	Total Household Expenses	\$

CHILD INFORMATION				
1st Name:	1st Name:	1st Name:	1st Name:	1st Name:
Age:	Age:	Age:	Age:	Age:
Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)

CHILD INFORMATION				
1st Name:	1st Name:	1st Name:	1st Name:	1st Name:
Age:	Age:	Age:	Age:	Age:
Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)

I declare this information to be true and authorize it's release solely for food bank & program support from The Salvation Army and it's partnering organizations.

Signed: _____ Select if Sent by Email: ☐

Move Mouse Over to Submit

If your form does not submit, check your email "drafts" folder for your message and send from there.