

partnering organizations.

Signed:

The Salvation Army Central York Region Food Bank Assistance Application

APPLICANT INFORMATION											
1st			Address:					Primary			
Name:			Apt. Town:				Phone: Cell				
Last Name:			Apt. To		JWII:		Phone:				
Birthdate					Email:						
(yyyy-mm-dd):											
OTHER ADULT INFORMATION											
1 st Name:				1st Name:			1 st Name:				
Last				Last			Last				
Last Last Name: Name:					Name:			Name:			
Relationship to Applicant		Relationship to Applicant			Relationship to Applicant			Relationship to Applicant			
□ Spouse □ Common-l		Spouse Common-			· ·			•		Common-Law	
☐ Parent ☐ Grandpare ☐ Friend ☐ Brother/Si		☐ Parent ☐ Grandparel☐ Friend ☐ Brother/Sis			☐ Parent ☐ Gran☐ Friend ☐ Broth		•		!		
	Son/Daughter Other		Son/Daughter		Other					☐ Son/Daughter	
INCOME & EXPENSE INFORMATION											
Total Household Income Total Household Expenses											
Emplo	yment \$	\$			R				ent \$		
Spouse Emplo					Mortgag				s		
Ontario '	Works \$	\$			Gas				\$		
Disability/	ODSP \$	\$			Hydro				\$		
Pe	ension \$	\$			Wate				er \$		
Child S	upport \$	\$			Phone+TV+Interne					et \$	
Child Tax	Credit \$	\$			Child Care/Daycare/Child S			Support \$			
Covid S	upport \$	\$			Transit +/				Ψ		
Other	\$				Monthly Loan/Credit Card Pa			, ·			
Total Household I	ncome \$				Total Household Ex			penses	\$		
CHILD INFORMATION											
st 1st Name:			1st Name:			1 st Name:		1 st Name:		:	
Age: Age:			Age:		Age:				Age:		
-9						3.	3		3		
Date of Birth (yyyy-mm-dd) Date of Birth (yyyy-n		yyyy-mm-dd)	nm-dd) Date of Birtl		yyyy-mm-dd)	Date of Birth (yyyy-mm-dd)		m-dd) [Date of Birth (yyyy-mm-dd)		
		CHILD INFORMATION				_		_			
1 st	1 st		1st	IIVF	JRIVIATION	1 st		1	st		
Name:	Name:				Name:				Name:		
Age:	Age:				Age:		A		Age:		
Data of Dirth (1999) mm del Data of Dirth (1999)		1000 mar alah	and dd) Data at Did		(many many del) Date CE		th (1000 mm d-1)		Data of Dirth (
Date of Birth (yyyy-mm-dd) Date of Birth (yyyy-n			nm-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											

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