



FOOD PANTRY MEMBERSHIP APPLICATION

HUG STAFF ONLY: CLIENT ACCOUNT # _____

NAME (FIRST, LAST) _____

IS THIS YOUR FIRST VISIT? _____ ZIP CODE _____

CONTACT NUMBER _____ DATE _____

CONTACT EMAIL _____

DO YOU RECIEVE FOOD STAMPS/EBT/SNAP? _____

WHAT IS YOUR ANNUAL INCOME? ABOVE \$26,000? BELOW \$26,000?

HOW MANY PEOPLE IN YOUR HOUSEHOLD? _____

0-18 YEARS 19-64 YEARS 65+ YEARS HOW MANY CHILDREN IN DIAPERS?

CLIENT SIGNATURE _____

HUG REPRESENTATIVE SIGNATURE _____