

Perry Helping Perry, Inc.

PO Box 80599
Canton, Ohio 44708

Date: _____

Mission Statement:

To come together as a community joining church, school, civic groups and area businesses to pull our resources to help feed and clothe Perry residents in need.
To share our knowledge and skills with each other, making Perry *the* place to live and raise a family.

Guidelines: We follow the same guidelines as the State of Ohio free and reduced lunch program. You will need to show proof of income (2 consecutive pay stubs, current W2, or child support stubs).

Qualifications: Must be a Perry Township resident

PLEASE PRINT CLEARLY

Applicant's Name _____

Address: _____ **Apt/lot #** _____

City _____ **State** _____ **Zip** _____

Phone Numbers: _____

Household Members First and Last Names:

Last Name, First Name	Age	Gender

Driver's License # _____ **and state:** _____

Proof of Residency (Lease, rental agreement or utility bill): _____

Proof of Need (2 consecutive pay stubs, W2, Child Support info): _____

Signature: _____