

The Storehouse

2023

REGISTRATION FORM

Valley View Baptist Church

This program is available to all eligible applicants regardless of race, ethnicity, age, gender, sexual orientation, religious affiliation or disability.

Last 4 of SS#: _____ Name: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____ Name of Contact Person: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Marital Status: single, married, divorced, widowed, etc. Food Stamps: Y / N

Are you currently working? _____ If not, why? Retired, Disabled, Laid off, other: _____

TOTAL household income per month: \$ _____ Highest Level Education Completed? _____

Church member: Yes / No If YES, where? _____

How did you hear about the StoreHouse: _____

People living in your home:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Signature: _____ Date: _____

I certify that all of the above information is true and correct. I understand that I may be disqualified from receiving assistance by making false statements or withholding of documentation.