

# Holiday Meal Box Application

# 2022

**Have you or any other member of your household signed up for a Holiday Meal Box at any other location?**  YES  NO

With my signature below, I certify that:

- ✓ My household income does not exceed the monthly limits listed in the table to the right (annual income may be used for seasonal and migrant workers).
- ✓ I release all of the agencies collaborating to provide a holiday meal box from any liability resulting from any food that I might receive.
- ✓ I authorize the collaborating agencies to share the information provided on this form to prevent duplication of service.
- ✓ I understand that falsifying any information on this form may subject me to criminal prosecution and restitution for food received.

MAXIMUM GROSS MONTHLY INCOME FOR ELIGIBILITY								
Household Size	1	2	3	4	5	6	7	8
<b>Monthly Income</b>	\$2,265	\$3,052	\$3,838	\$4,625	\$5,412	\$6,198	\$6,985	\$7,772
<b>Annual Income</b>	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260

For each additional household member, add \$9,440 for annual income or \$787 for Monthly Income

**RECIPIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PHOTO ID VERIFIED:**  (Note: picture ID is required)

Street Address	Apartment Number	City	Zip Code	Telephone Number
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Name	Age (Circle One)	Gender	Race / Ethnicity (Circle One) <small>A=Asian, B=Black, H=Hispanic, N=Native American, O=Other, W=White, T=2 or More, U=Unspecified</small>	Address Verified?
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**RECIPIENT:**

	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**ALL ADDITIONAL HOUSEHOLD MEMBERS (Use additional forms if needed):**

	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
	0-6	7-12	13-18	19-54	55-74	75+	M	F	A	B	H	N	O	W	T	U
<b>TOTALS:</b>																