

Holiday Meal Box Application

2024

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
Monthly Income	\$2,510	\$3,407	\$4,303	\$5,200	\$6,097	\$6,993	\$7,890	\$8,787
Annual Income	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440
For each additional household member, add \$10,760 for annual income or \$897 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) A=Asian, B=Black, H=Hispanic, N=Native American, O=Other, W=White, T=2 or More, U=Unspecified	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
TOTALS:																