

AUBURN INTERFAITH FOOD CLOSET CONFIDENTIAL APPLICATION

PLEASE PRINT CLEARLY

Application Date: _____

Applicant First Name: _____ **Middle Name:** _____ **Last Name:** _____

Race: American Indian/Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other

Gender: ____ **Ethnicity:** Hispanic/Latino Non-Hispanic/Latino **Total # people in household:** _____

Additional Household Residents: (PLEASE PRINT CLEARLY)

First Name	Last Name	Birth Date	Gender	Relationship	Race / Ethnicity
_____	_____	____/____/____ <small>Mo Day Year</small>	_____	_____	_____
_____	_____	____/____/____ <small>Mo Day Year</small>	_____	_____	_____
_____	_____	____/____/____ <small>Mo Day Year</small>	_____	_____	_____
_____	_____	____/____/____ <small>Mo Day Year</small>	_____	_____	_____
_____	_____	____/____/____ <small>Mo Day Year</small>	_____	_____	_____

Circumstances that brought you to the Food Closet. Check all that apply:

Fixed Income

Unemployed (or Can't Work)

Low Income

No Income

Physical Address (or Homeless): _____ **Apt/Rm#:** _____ **City:** _____ **Zip:** _____

Type of Residence: Single-Family Home Apmt/Duplex Trailer Renting Room Group Home Camping/Couch surfing Other

Mailing Address: _____ **Apt/Rm#:** _____ **City:** _____ **Zip:** _____

Telephone: (____) ____-____ **Alternate Telephone:** (____) ____-____ **Email address** _____

Applicant Date of Birth: ____/____/____
Month Day Year

Are you aware of the CalFresh (food stamp) program? Yes No

If you have children under 5, are you aware of the Women, Infants & Children (WIC) program? Yes No

If homeless, are you aware of the Auburn Shelter? Yes No

CERTIFICATION AND LIABILITY RELEASE: I certify that the information on this application is true and I understand that I may receive food a maximum of once every 30 days (homeless can receive reduced quantities three times in 30 days). I understand that the Auburn Interfaith Food Closet is a charitable organization which receives donations of food and distributes such food to needy persons. The Auburn Interfaith Food Closet makes no representation as to the quality or condition of the food, and disclaims all warranties, expressed or implied by law, as to the fitness of such. The persons or organizations receiving such food from the Auburn Interfaith Food Closet agree not to hold the Auburn Interfaith Food Closet liable for any damage to persons or property caused by the condition or quality of the food.

Signature: _____ **Date:** _____

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First Name	Last Name	Birth Date	Gender	Relationship	Race /Ethnicity
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____
_____	_____	Mo / Day / Year	_____	_____	_____