



## CASANO COMMUNITY CENTER

314 CHESTNUT STREET  
ROSELLE PARK, NJ 07204  
908-245-0666

### FOOD PANTRY APPLICATION

Application Year \_\_\_\_\_ Family Size \_\_\_\_\_ Client # \_\_\_\_\_

PLEASE PRINT AND FILL-IN ALL OF THE INFORMATION REQUESTED, IN THE SPACES PROVIDED. IF YOU SKIP ANY PART OF THE APPLICATION IT WILL BE CONSIDERED AN INCOMPLETE APPLICATION

#### Applicant Information

Gender M / F

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Rent / Own \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone Cell # \_\_\_\_\_

Birth Date MM/DD/YY \_\_\_\_\_ Age \_\_\_\_\_ SS # \_\_\_\_\_ State ID \_\_\_\_\_

Do You own a Car? Y / N \_\_\_\_\_ if Yes \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

#### Household Member

Name	Age	Birthdate	Gender	SS #	Disabled
1	Self		M / F		Y / N
2	Spouse		M / F		Y / N
3			M / F		Y / N
4			M / F		Y / N
5			M / F		Y / N
6			M / F		Y / N
7			M / F		Y / N

#### Employment

Name of your Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years \_\_\_\_\_ Position \_\_\_\_\_ Monthly Pay \$ \_\_\_\_\_

#### Spouse Employment

Name of Spouse Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years \_\_\_\_\_ Position \_\_\_\_\_ Monthly Pay \$ \_\_\_\_\_

## Other Income

SSI	\$ _____	Medicaid	\$ _____
Child Support	\$ _____	Worker's Comp	\$ _____
Unemployment	\$ _____	Alimony	\$ _____
Social Security	\$ _____	Food Stamps	\$ _____
Pension	\$ _____	Other income from Household	\$ _____
Disability	\$ _____	Other income	\$ _____
Savings Account	\$ _____	Checking Account	\$ _____
			Total of other income \$ _____
			Total household Monthly Income \$ _____

## Expenses

Rent /Mortgage	\$ _____	Car Payment	\$ _____
Home Insurance	\$ _____	Auto Insurance	\$ _____
Electric	\$ _____	Daycare	\$ _____
Gas /Oil	\$ _____	Medical	\$ _____
Water	\$ _____	Prescriptions	\$ _____
Sewer	\$ _____	Phone	\$ _____
Cable	\$ _____	Cell Phone	\$ _____
Other	\$ _____	Other	\$ _____
			Total Household monthly Expenses \$ _____

Reason For Assistant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Required Documents

- \* Proof of Roselle Park Residence.
- \* Proof of Income for all Households.
- \* Lease agreement or name of landlord and phone
- \*Most recent mortgage statement or name of mortgage company phone.
- \* Utility bills for the past three months.

COPIES OF THE ABOVE INFORMATION TO BE MAINTAINED IN CLIENT FILES.

ALL ABOVE INFORMATION IS UPDATED ANNUALLY.

I \_\_\_\_\_ Certify that the information I have provided in support of this request for assistant is true and correct.

**Notice: Hold Harmless Agreement**

Please understand that Casano Community Center Food Pantry is a non-profit, referral service, which is simply acting as intermediary between sponsoring families and donors and families seeking assistance. As a result, we disclaim all liability, which may result from the consumption of food, or use of any donated item provided as a result of this application. This disclaimer includes, but is not limited to, any sickness, injury or death that may result from the receipt of goods or food or consumption of contaminated food, spoiled food, or tainted food, or other injury or death caused by the acts of the sponsor.

I have read the above Hold Harmless Agreement in its entirety and fully understand the same. I hereby agree to hold the Borough of Roselle Park, Casano Community Center its Officers, Director, Staff and Volunteers harmless from injury, illness or death that may result from the receipt, use, and/or consumption of the goods and food provided to me as a result of this application, in addition to any injury or death resulting from any acts of the sponsor.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_