



BOROUGH OF LINCOLN PARK
 FOOD PANTRY
 34 CHAPEL HILL ROAD
 LINCOLN PARK N.J. 07035
 Phone: (973)-694-2890 Email: foodpantry@bolp.org

APPLICATION

Please download form, complete and return to the Food Pantry via mail, email or drop off at the Clerk's Office in the municipal complex building. Please follow-up with a voice mail message indicating that you have submitted a new application.

Name: _____ Phone #: _____

Address: _____
and Street Town State Zip Code

Email Address: _____

of Adults in Family _____ # of Children in Family _____

Please list birthdates for all children in the household: month/day/year

Boys: ___/___/___	Girls: ___/___/___
Boys: ___/___/___	Girls: ___/___/___
Boys: ___/___/___	Girls: ___/___/___
Boys: ___/___/___	Girls: ___/___/___
Boys: ___/___/___	Girls: ___/___/___

PROOF OF RESEDINCY:

Please attach the following to this form.
 A copy of your driver's license & one of the following:
 1) Property tax bill or rent receipt
 2) Utility bill showing name & address

PROOF OF INCOME: include ALL working household members

Please attach the following to this form.
 1) Previous year's IRS Form
 2) Current pay stub
 3) Proof of unemployment
 4) Statement showing Social Security Amount

Please Check Any Program Of participation
 Medicare _____ Food Stamps _____ TANF _____ WIC _____ SSI _____ Other _____

I certify that the above information is true and accurate. Any falsification will terminate my participation in the program.

Signature: _____ Date: _____