



**Food Pantry Hours of Operation:**  
Mondays, Tuesdays & Thursdays 10:00 am – 1:00pm  
Thursdays 3:00 pm – 6:00pm

**Phone: 704-398-2914 Option 1**

**3725 Beatties Ford Road  
Charlotte, NC 28216**

How did you hear about our Food Pantry? \_\_\_\_\_

Today's Date \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Total number of persons in my household: \_\_\_\_\_

\*Additional Adult Name \_\_\_\_\_ DOB \_\_\_\_\_

\*Additional Adult Name \_\_\_\_\_ DOB \_\_\_\_\_

How many Children under the age of 18? \_\_\_\_\_

I receive Food & Nutrition Services/Food Stamps (circle one) YES NO

If YES, amount \$ \_\_\_\_\_

My household's gross income is: \$ \_\_\_\_\_ yearly monthly weekly (circle one)

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE

Client falls at or below the income eligibility requirements listed below? \_\_\_\_yes \_\_\_\_no

Household Size	Per Year	Per Month	Per Week
1	\$17,820	\$1,485	\$343
2	\$24,030	\$2,520	\$463
3	\$30,240	\$3,038	\$582
4	\$36,450	\$3,555	\$701
5	\$42,660	\$4,073	\$821
6	\$48,870	\$5,112	\$940
7	\$55,095	\$4,592	\$1,060
8	\$61,335	\$5,112	\$1,180
<b>Ea. Additional Member</b>	\$6,240	\$520	\$120



Los horas de operación de la dispensaría de alimentos:  
**Lunes, Marte & Jueves 10:00 am – 1:00pm**  
**Jueves 3:00pm- 6:00pm**

teléfono: 704-398-2914 opción 1

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 Charlotte, NC 28216

Como se enteró e de la dispensaría de alimentos? \_\_\_\_\_

La Fecha \_\_\_\_\_ Numero social seguridad XXX-XX-\_\_\_\_\_ fecha de nacimiento \_\_\_\_\_

Nombre completo \_\_\_\_\_ Teléfono \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad \_\_\_\_\_ código postal \_\_\_\_\_ Condado \_\_\_\_\_

Cuántas personas en el hogar?: \_\_\_\_\_

\*Nombre del adulto adicional \_\_\_\_\_ fecha de nacimiento \_\_\_\_\_

\*Nombre del adulto adicional \_\_\_\_\_ fecha de nacimiento \_\_\_\_\_

Cuántos niños tienen menos de 18 años? \_\_\_\_\_

Recibo Food & Nutrition Services/Food Stamps (rodea uno) **Sí** **No**  
 Sí, la suma \$ \_\_\_\_\_

El ingreso bruto de mi hogar es: \$ \_\_\_\_\_ anual mensual semanal (rodea uno)

Firma del cliente \_\_\_\_\_ Fecha \_\_\_\_\_

**Sólo por uso de la oficina**

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