



# Borough of Lincoln Park Food Pantry

34 Chapel Hill Road \* Lincoln Park, NJ 07305

Food Pantry Coordinator: Marian Beckwith

phone: (973) 694-6100 ext #2037 \* e-mail: [mbeckwith@bolp.org](mailto:mbeckwith@bolp.org)

## APPLICATION

please download this form, complete and return to the Food Pantry Office via e-mail, or drop-off at Clerk's Office in the Municipal Complex Building. Please follow-up with a voice mail message to 973-694-6100 ext #2037 indicating that you have submitted a new application.

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_  
street # and name town state & zip

E-Mail Address: \_\_\_\_\_

#Adults in Family \_\_\_\_\_ #Children in Family \_\_\_\_\_

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

boys: \_\_\_/\_\_\_/\_\_\_ girls \_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

### PROOF OF RESIDENCE:

please attach the following to this form.

- 1.) Copy of your driver's license & (one) of the following.
- 2.) Property tax bill or rent receipt
- 3.) Utility bill showing address

### PROOF OF INCOME: including 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:

\_\_\_ Medicaid \_\_\_ 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 \_\_\_\_\_