

MONDAY TO THURSDAY
9:00 AM TO 8:00 PM
FRIDAY 9:00 AM TO 5:00 PM

CASANO COMMUNITY CENTER

314 CHESTNUT STREET
ROSELLE PARK, NJ 07204

PHONE= 908 245 0666
FAX= 908 241 0781

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

_____ City State Zip
Address Apartment / Home Rent / Own

_____ Phone # Phone Cell #

_____ Birth Date MM/DD/YY Age SS # State ID

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

Married / Single (If Married Fill out information below)

_____ Gender M F
Last Name of spouse First Name of spouse

_____ City State Zip
Address of spouse Apartment / Home Rent / Own

_____ 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			M / F		Y / N
2			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

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Employment

Name of Employer _____

Phone # _____

Address _____

City _____

State _____

Zip _____

How long _____

Position _____

Monthly Pay \$ _____

Spouse Employment

Name of Spouse Employer _____

Phone # _____

Address _____

City _____

State _____

Zip _____

How long _____

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 \$ _____

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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 Casano Community Center Food Pantry, 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 _____