

[Russian](#)

[Ukrainian](#)

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**2023 Anchor Food Pantry, Swampscott, MA**

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Address ID Verified</b>	<b>Yes</b> <b>No</b> Please circle
<b>Telephone:</b>	
<b>Email:</b>	
<b>Preferred Language</b>	

**Please provide names and ages for yourself and every household member receiving food.**

Age	Gender M/F Preferred Pronoun	Last Name	First Name

**\*add any additional names & ages on back\***

**Do you participate in any of the following programs? Please check all that apply:**

- TAFDC
- EAEDC
- SNAP (Food Stamps)
- Fuel Assistance
- Head Start
- Medicaid/MassHealth
- Supplemental Security Income (SSI) or SSDI
- Veterans Aid
- WIC

<b>Head of household:</b> Female ( ), Male ( )
<b>Veteran:</b> Yes ( ), No ( )
<b>Are you homeless?</b> Yes ( ), No ( )

**Is your household income at or below the following guidelines? Yes ( ), No ( )**

You will be able to receive food regardless of your answer.

Household Size	Annual Gross Income *
1	\$23,828
2	\$32,227
3	\$40,626
4	\$49,025
5	\$57,424
6	\$65,823
7	\$74,222
8	\$82,621
For each additional person add:	+\$8399

\* = Meets USDA Low-income Requirement from FY2021

**SIGNATURE:** \_\_\_\_\_  
Signed under pains & penalty and acknowledgement of receiving updated Anchor Service Plan

<b>Completed by Anchor Staff</b>
<b>Date of Application:</b> _____
<b>Information taken by:</b> _____
<b>Additional Information:</b> _____
_____