

2022

Anchor Food Pantry, Swampscott, MA

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

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

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

Completed by Anchor Staff
Date of Application: _____
Information taken by: _____
Additional Information: _____ _____

<https://www.govinfo.gov/content/pkg/FR-2021-03-04/pdf/2021-04452.pdf>