



# AST Food Pantry Application

*Please Print*

*Please fill out application completely. Incomplete applications will be denied.*

*Have a copy of all household member's CDIB cards, Utility bill for household, and proof of income.*

Name of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Head of Household CDIB #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Total Number of members in Household: \_\_\_\_\_

List Name and Age of Members in Household:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_

Family Name \_\_\_\_\_

Family Size \_\_\_\_\_

Color of Card Given \_\_\_\_\_

Copy of all CDIB Cards \_\_\_\_\_

Copy of Utility Bill \_\_\_\_\_

Copy of Income Verification \_\_\_\_\_

Notes: \_\_\_\_\_

## **AST FOOD PANTRY REQUIREMENTS AND APPLICATION**

### **All Applicants Must Submit The Following Items:**

<b><u>Number of family members</u></b>	<b><u>Annual Total income for household</u></b>
1	\$1,231
2	\$1,604
3	\$1,977
4	\$2,365
5	\$2,769
6	\$3,173
7	\$3,547
8	\$3,920
<b><u>Each additional member</u></b>	\$374

### **REQUIRED FOR ALL HOUSEHOLD MEMBERS.**

- Federally Recognized Tribal Affiliation Card (CDIB).
- Social Security Card.
- Driver's License or State ID.
- Proof of Income for Last Six Months.
- Proof of Residency (Must be In Applicants Name).



**APPLICANT IDENTIFICATION IS REQUIRED AT THE TIME OF PICKUP.**

**AST MEMBERS ONLY.**