

### Household Qualification and Information Form

#### Section I — Household Member and Family Information

LAST NAME		FIRST NAME		MIDDLE NAME	PRIMARY PHONE ( ) -	
AGE	BIRTHDAY / / (MO/DAY/YEAR)	GENDER M / F (CIRCLE ONE)	MARITAL STATUS	RACE/ETHNIC GROUP (CIRCLE ONE) BLACK / HISPANIC / WHITE / ASIAN NATIVE AMERICAN / OTHER		ALTERNATIVE PHONE ( ) -
RESIDENCE/ MAILING ADDRESS			APT #	CITY	COUNTY	STATE   ZIP
# IN HOUSEHOLD		EMERGENCY CONTACT NAME		RELATIONSHIP	EMERGENCY PHONE ( ) -	
LIST ALL MEMBERS OF HOUSEHOLD. USE BLACK, HISPANIC, WHITE, ASIAN, NATIVE AMERICAN, OR OTHER FOR RACE.						
NAME		AGE	RACE	NAME		AGE RACE
1. _____		_____	_____	7. _____		_____
2. _____		_____	_____	8. _____		_____
3. _____		_____	_____	9. _____		_____
4. _____		_____	_____	10. _____		_____
5. _____		_____	_____	11. _____		_____
6. _____		_____	_____	12. _____		_____
ATTACH ADDITIONAL NAMES ON SEPARATE SHEET IF NEEDED.						
PERSON AUTHORIZED TO ACT ON BEHALF OF THE HOUSEHOLD				PRIMARY PHONE ( ) -		ALTERNATIVE PHONE ( ) -

#### Section II — Household Income Sources

FILL IN THE DOLLAR AMOUNT YOU AND YOUR HOUSEHOLD RECEIVE FOR ALL THAT APPLY

EMPLOYED FULL TIME \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	UNEMPLOYMENT COMPENSATION \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
EMPLOYED PART TIME \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	WORKER'S COMPENSATION \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
SOCIAL SECURITY \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	VETERAN'S BENEFIT \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
SNAP/ FOOD STAMPS \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	TANF \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
HUD HOUSING ASSISTANCE \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	CHILD SUPPORT \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
OTHER \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK	SECTION II TOTAL (USED TO DETERMINE ELIGIBILITY) \$ _____ PER <input type="checkbox"/> YR / <input type="checkbox"/> MO / <input type="checkbox"/> WK
DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE MEALS ON WHEELS <input type="checkbox"/> YES / <input type="checkbox"/> NO	

**Section III — Verification Signature**

BY SIGNING BELOW, I CERTIFY THAT (1) I AM A MEMBER OF THE HOUSEHOLD AT THE ADDRESS PROVIDED IN SECTION I, (2) ALL INFORMATION I HAVE PROVIDED IN SECTIONS I AND II OF THIS FORM IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT, AND (3) THAT PROVIDING ANY FALSE INFORMATION ON THIS FORM WILL DISQUALIFY ME FROM MINISTERIAL ALLIANCE ASSISTANCE.

\_\_\_\_\_  
SIGNATURE — HOUSE HOLD MEMBER

\_\_\_\_\_  
DATE (MO/DAY/YEAR)

**Section IV — Household Qualification Information (TO BE COMPLETED BY FOOD PANTRY REPRESENTATIVE)**

**Household is INELIGIBLE**

COMMENTS

**Household is ELIGIBLE**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Proof of Address</b>   | <input type="checkbox"/> <b>Proof of Unemployment Compensation</b> |
| <input type="checkbox"/> <b>Proof of Income</b>  | <input type="checkbox"/> <b>Proof of Workers Compensation</b>      |
| <input type="checkbox"/> <b>Proof of SSI</b>   | <input type="checkbox"/> <b>Proof of Veteran's Benefits</b>        |
| <input type="checkbox"/> <b>Proof of SNAP/Food Stamps</b>  | <input type="checkbox"/> <b>Proof of TANF</b>                      |
| <input type="checkbox"/> <b>Proof of HUD housing</b>   | <input type="checkbox"/> <b>Proof of Child Support</b>             |
| <input type="checkbox"/> <b>Household total from Section II meets current Quanah Ministerial Alliance Guidelines</b> |  |

COMMENTS

**CERTIFICATION PERIOD**

BEGINNING (MONTH/YEAR)

ENDING (MONTH/YEAR)

\_\_\_\_\_  
SIGNATURE — FOOD PANTRY REPRESENTATIVE

\_\_\_\_\_  
DATE (MO/DAY/YEAR)