

CALVARY CHAPEL | CONCOW

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Your renewal
 date is:



Plentiful Harvest
 Application for Assistance

Last Name _____ First Name _____ Phone _____

Address _____ City _____ Zip _____

Family Members Living in Home (include yourself):

Last Name	First Name	Date of Birth	Age

Total Monthly Family Income (**from all sources for everyone**): \$ _____ | Food Stamps: \$ _____

Do you receive monthly assistance from another food pantry: Yes ___ | No ___ Do you receive WIC? Yes ___ | No ___

Please describe your current situation which necessitates supplemental food assistance:

How were you referred to this program? _____

2013 Qualifying Information Needed:

Household size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,211	\$ 931
2	1,640	1,261
3	2,069	1,591
4	2,498	1,921
5	2,927	2,251
6	3,356	2,581
7	3,785	2,911
8	4,214	3,241
Each additional member	+429	+330

Documents needed:

- Photo ID
- Verification of residence
(Utility bill in your name,
mortgage/rental
statement/agreement)
- income verification

I understand that assistance from Calvary Chapel | Concow's Plentiful Harvest food ministry is contingent upon resources available and the number of families in need. I further agree to release Calvary Chapel | Concow and Plentiful Harvest from any and all liability resulting from any assistance or food I receive.

Applicant's Signature _____ Date _____

**** Reapplication will be necessary after 12 months to continue further assistance in this program. ****
Please note that the first cycle of eligibility is three (3) months.