Sowell Food Pantry

Kathleen United Methodist Church
PO Box 229
Kathleen, FL 33849

Today's Date_____

Food Recipient Application

Name_____ Spouse_____

Address_____

City_____ Zip_____

Phone_____ # of people in household_____

List of household members (if more than six please list others on back):

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

We will be giving out boxes on the **1st, 2nd, 3rd, and 4th** Thursdays. If you are approved, you may pick up ONCE a month. **Please circle** which Thursday of the month you can come.

Application Requirements: You MUST have a current photo I.D. and proof of Polk County residence within 5 miles of K.U.M.C. (utility, cable, landline phone, or water bill in your name). Your household must also meet the following income guidelines or participate in any of the following listed programs:

Household Size	Annual Income	Monthly Income	Weekly Income
1	$14,079	$1,174	$271
2	$18,941	$1,579	$365
3	$23,803	$1,984	$458
4	$28,665	$2,389	$552
5	$33,527	$2,794	$645
6	$38,389	$3,200	$739
For each additional household member add:	+$4,862	+$406	+$94

_____ *Supplemental Security Income (SSI)* _____ *Income Eligibility*

_____ *Temporary Assistance to Needy Families (TANF)* _____*Medicaid*

_____ *Supplemental Nutrition Assistance Program (SNAP) (fka Food Stamps)*

Office Only

Approved ____ **Rejected** _____ **Date** _____/_____/_____