



FECHA: / /

Only One Membership Required per Household

Last 4 digits of Social Security

Apellido: [ ]

Nombre: [ ]

Dirección: [ Apt# ]

Ciudad: [ ] Estado: [ ] Postal: [ ]

Condado: Orange Osceola Seminole Otro:

Fecha De Nacimiento: [ ] [ ] [ ] Tele: [ ] [ ] [ ]

em@il : [ ]

Raza (Circule una) Negro Blanco Hispano Haitiano Asiatico Indu Otro

Numero De Personas en Hogar 1 2 3 4 5 6 7 8 9

(Circule una) Empleado Desempleado Trabajo Indemnización Hogar

Fuente De Ingreso \*\* REQUIRED \*\*

Empleo	Mensual \$	[ ]
Seguro Social	Mensual \$	[ ]
Beneficio Desempleo	Mensual \$	[ ]
Manutención De Hijo	Mensual \$	[ ]
Desempleado	Mensual \$	[ ]
EBT (Comida Beneficios)	Mensual \$	[ ]
<b>Ingreso total Del Hogar*</b>	<b>\$</b>	[ ]

Favor De Tener Foto  
**ID**  
Disponible

**EU Ciudadano** Si  No

**Autorización Conductor** Si  No

**Veterano** Si  No

Casado Soltero Divorciado Seperado Vuida/Vuido

I certify that I am eligible by the standards of Community Food & Outreach Center for services. Eligibility is determined by the income eligibility chart posted at the Welcome Desk. This chart is for determining that I am living at or below the 200% of poverty level. I hereby verify that the info provided is correct and that I am currently living at the address I entered above. I give CFOC permission to share this information with other agencies for the sole purpose of better serving my needs for one year.

Signature X [ ] Date: [ ]

UAP Staff Signature

*Mark R Weimutz*

Date: \_\_\_\_\_