



The Wellesley
Food Pantry

207 Washington St, Wellesley, MA 02481
(781)235-1188 www.wellesleyfoodpantry.org

2023-24 REGISTRATION FORM

Check one: New Renewal

Do you live in WHA Housing? Yes No

Or in other subsidized housing? Yes No

PLEASE PRINT, answer ALL questions, complete BOTH sides, and SIGN back of form

Ms. Mrs. Mr. _____
Applicant first name (middle initial) Last name

Ms. Mrs. Mr. _____
Spouse first name (middle initial) Last name

_____ WELLESLEY, MA _____
Street address (verification required) Zip E-mail address

_____ Home phone _____ Cell phone _____ Language spoken at home

If you do not speak English, please provide name, relationship, and phone number of someone we can contact in case of questions:

Marital Status: Single Married Divorced Widowed Separated

Rent/monthly \$ _____ Own/monthly mortgage \$ _____

List Employer/Income Source	Gross Amt	Frequency	Work Phone
You: _____	\$ _____	<input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr	_____
Spouse: _____	\$ _____	<input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr	_____
Other household member: _____	\$ _____	<input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr	_____
Other household member: _____	\$ _____	<input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr	_____

Is your household receiving any of the following? Check all that apply:

Food Stamps (SNAP) Section 8 Mass Health Fuel Assistance

Please itemize all other household income sources and amounts not previously listed (income documents required):

TOTAL HOUSEHOLD INCOME: _____ weekly monthly yearly

The Wellesley Food Pantry serves any Wellesley household in need of supplemental food. Please explain any special circumstances that may be contributing to your situation.

*** Please turn over to complete other side of form.***

Total number in household: _____ Number of children under 18: _____

Please list **ALL** household members (including yourself):

ADULTS (18 and over)	M/F	Date of Birth	CHILDREN (under 18)	M/F	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

My household requires gluten-free food: Yes No How many household members require it? _____

If yes, please indicate reason: Celiac disease Non-celiac gluten sensitivity Personal preference

I am a shut-in because of my health and need delivery. **NOTE: We require a medical reason for delivery — please explain the necessity below and provide doctor’s note (unless already on file).**

I certify that the above registration is true and correct. The Wellesley Food Pantry reserves the right to require additional financial information. I will notify the Wellesley Food Pantry if my circumstances change significantly or my household changes. I understand that Wellesley Housing Authority staff may verify this information, if applicable.

APPLICANT SIGNATURE _____ DATE _____

MUST PROVIDE CURRENT PROOF OF RESIDENCY AND INCOME VERIFICATION WITH COMPLETED FORM TO WELLESLEY FOOD PANTRY, 207 WASHINGTON ST, WELLESLEY, MA 02481.

- **If you live in WHA housing**, a copy of the part of your lease detailing rental amount, household members, and income will satisfy all requirements — we do not need the entire lease.
- **If you live at Glen Grove**, the part of your lease with similar information is enough— we do not need the entire lease.

Application and document may be **mailed** to 207 Washington St. 02481, **emailed** to manager@wellesleyfoodpantry.org, or **brought to the pantry in person** — whatever is most convenient for you.

Questions? Contact the pantry at 781-235-1188 or manager@wellesleyfoodpantry.org.

REFERRED BY (if applicable):

_____	_____	_____
Name	Title	Organization

Please do not write below this line.

Residence verified by: _____ Proof of income verified by: _____

APPROVED: _____ Date: _____