

# Application Checklist

Please bring these documents with you so we may complete your application.

## 1. Identification for all members of the household:

ID for all persons age 18 and over. Must be current and issued by a California or a U.S. government agency .

Birth Certificates for children age 17 and under. Alternative: immunization records or proof of local school enrollment.

## 2. Proof of Address

One of the following:

Utility bill in your name, Rental Agreement/Lease, Vehicle Registration, Tax Return, official government document or bank statement. Alternative: 2 forms of other postmarked correspondence.

## 3. Proof of Income

All of the following that apply for each member of the household:

Paystubs, Proof of government payments or assistance, court ordered payments and rent subsidy statements if applicable.

Most current W-2's, 1099's\* and Tax Returns. (\* Include 1099's even if you did not file a return.) Financial Statements for all assets such as checking, savings and retire-

## ADDITIONAL AGREEMENT AND TERMS OF SERVICE

Menifee Valley Community Cupboard provides items that, at the time of distribution, are believed to be unspoiled and free from contaminants. I understand that it is my responsibility to carefully examine and inspect each item and package. It is my responsibility to refrigerate and properly store and otherwise properly care for all items I have received. The undersigned and the minor children I have listed on this application (as their parent or legal guardian), hereby remise, release, and forever discharge the Menifee Valley Community Cupboard, employees, volunteers, participating businesses, sponsors, heirs, donors, assigns, executors, and administrators from all actions, causes of action, claims and demands whatsoever, whether or not well founded in fact or in law, and from all suits, debts, dues, sums of money, accounts, reckonings, notes (or bonds), bills, specialties, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions, claims and demands whatsoever, at law or in equity that undersigned ever had, now has, ever will have, or that his heirs, executors or administrators hereafter may have against the party hereby released by reason of any matter, cause or thing whatsoever up to and including the date of this release ad infinitum.

Clients are expected to behave at all times while in and around this facility. Menifee Valley Community Cupboard has adopted a zero tolerance policy regarding violence, physical force, harassment, use of profanity, intimidation and verbal abuse of any staff member or volunteer at any of our facilities.

**If inappropriate behavior is displayed, we will reserve our right to refuse service and suspend subsequent benefits without notice.** Clients suspected of being under the influence of drugs or alcohol may be asked to leave the premises.

**Information received by this office may, on occasion, be shared with social services agencies and affiliated service providers including grantors. Otherwise all information is strictly confidential.**

I hereby state I am in an emergency situation at this time; all information I have given to the Menifee Valley Community Cupboard is true. **I have read and understood the Agreement and Terms of Service. All persons 18 listed on this application and over must initial.**      \_\_\_\_\_

CLIENT SERVICES

# APPLICATION



*"Hunger Never Rests"*

Location:

26808 CHERRY HILLS BLVD

SUN CITY CA 92586

(951) 301-4414 Mon-Fri 10am-2pm

For Appointment/Questions

Appointments Are Recommended

and will be given priority

About your household # of People \_\_\_\_\_

Physical Address:

\_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Ph# \_\_\_\_\_

Rent or Own ? \_\_\_\_\_ Amt \$ \_\_\_\_\_

Vehicle yr \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

**Adults in Household**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Birthdate \_\_\_\_\_ male or female \_\_\_\_\_

SSN \_\_\_\_\_ ID# \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_

Source(s) \_\_\_\_\_

Veteran (Y or N) \_\_\_\_\_ Disabled (Y or N) \_\_\_\_\_

Single/widowed \_\_\_\_\_ Married \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Birthdate \_\_\_\_\_ male or female \_\_\_\_\_

SSN \_\_\_\_\_ ID# \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_

Source(s) \_\_\_\_\_

Veteran (Y or N) \_\_\_\_\_ Disabled (Y or N) \_\_\_\_\_

Single/widowed \_\_\_\_\_ Married \_\_\_\_\_

\_\_\_\_\_

Total of all household income \$ \_\_\_\_\_

Household income is the total income from all persons living in the same household and benefiting from the assistance requested. You must include income from all sources including interest, dividends, child support, alimony and rooms for rent.

Are you disabled and in need of home delivery? Yes \_\_\_\_\_ No \_\_\_\_\_

**Children in Household**

Last Name	First	M or F	Birthdate

Please attach a separate sheet for additional children.

The information stated is true and correct.

I agree to provide all documentation as listed on the Application Checklist provided by the agency and understand that service may be withheld until all documentation is provided.

I understand that if I move, have a change in income level or family size I must inform the Menifee Valley Community Cupboard to re-qualify for assistance. Information received by this office may, on occasion, be shared with other social services agencies, affiliate program providers or grantors.

I accept the **AGREEMENT AN TERMS OF SERVICE**

Please sign here:

X. \_\_\_\_\_ date \_\_\_\_\_

X. \_\_\_\_\_ date \_\_\_\_\_

X. \_\_\_\_\_ date \_\_\_\_\_

(All persons 18 and over must sign)

**AGREEMENT AND TERMS OF SERVICE**

Menifee Valley Community Cupboard is a private community based non-profit charitable organization providing emergency food assistance at no cost to Menifee Valley residents in need. Eligibility for the emergency food program is based on need and residence. Clients must provide all information and documentation requested by the Cupboard to establish eligibility. Clients must re-qualify on an annual basis.

Program benefits are provided on a per-household basis. "Household" includes all persons living in the same dwelling. All residents of a dwelling are presumed to benefit from the service(s) provided by the Menifee Valley Community Cupboard. Persons included in the "household" include but are not limited to those who are: related by birth, marriage or adoption, common-law partner , co-renter or any other relationship which would, under reasonable circumstances, be assumed to be part of the household. This will also include live in caregivers related or not. The cupboard will determine eligibility for boarders/room renters on a case by case basis. All members of a household must be disclosed on the application.

Program benefits are for the applicant(s) only. They are not transferable and may not be sold or distributed to third parties.

Clients must notify the Cupboard when they move, provide proof of residency and provide a current phone number if changed.

Menifee Valley Community Cupboard reserves the right to conduct home visits with 24 hours notice.

(All persons 18 and over must initial) \_\_\_\_\_  
**See Additional Agreement and Terms of Service on the reverse.**