



## Food aid request

Name : \_\_\_\_\_ Spouse : \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_  
 Phone : \_\_\_\_\_ Cel : \_\_\_\_\_  
 Age : \_\_\_\_\_ Email : \_\_\_\_\_

### Housing Type

- Rent
- Owner
- HLM/ COOP

### Type of family

- alone
- couple
- single parent
- family (2 parents)

Number of kids living with you : \_\_\_\_\_ Ages : \_\_\_\_\_

How many people total ? \_\_\_\_\_

<b>INCOME</b>		<b>EXPENSES</b>		
	Amount		Amount	Moisson
Income (please specify type of income)		Appartement		
		Electricity		
		Phone		
		Internet / cable		
		Car expenses		
		Gaz		
TOTAL income		TOTAL expenses		

**Describe your situation briefly :** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---



- A contribution is requested :  
2\$ for one personne  
3\$ for two  
5\$ for a family
- You must live in the Haut-Saint-François.
- You must be having a rough financial situation.
- Please fill-out this form and return to Moisson Haut-Saint-François.
- You must come get the food boxes directly at Moisson Haut-Saint-François. 53 Angus South, East Angus.
- We will let you know the date and time of the food distribution.
- If you miss the distribution without letting us know, your name will be taken off our list.
- No kind of violence will be tolerated.

I confirm the information is exact.

Initials\_\_\_\_\_

I have read and agree with these terms.

Initials\_\_\_\_\_

I agree that the organization may share some personal information with the volunteers.

Initials\_\_\_\_\_

Signature : \_\_\_\_\_ date : \_\_\_\_\_