

Holly Springs Food Cupboard (HSFC) Food Assistance Application

Please Print Your Name: _____

Street Address: _____ City: _____ Zip Code: _____

Number of persons in Your Household & their ages: Your birth date: ____/____/____ Phone: _____

0-5 years old ____ ages: _____

6-17 years old ____ ages: _____

18-64 years old ____ ages: _____

65 and up years old ____ ages: _____

Phone: _____

Email address: _____

Number of Males in household: _____

Number of Females in household: _____

Please mark your race/ethnicity:

American Indian or Alaska Native _____

Black or African American _____

White _____

Asian _____

Hispanic/Latino _____

Other _____

Signature: _____ Today's Date: ____/____/____

Agency Representative Signature: _____

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