



Application

Mission Statement:

To come together as a community joining church, school, civic groups, and area businesses to pull our resources to help feed and clothe Perry resident's in need.

To share our knowledge and skills with each other, making Perry *the* place to live and raise a family.

Guidelines: We follow the same guidelines as the State of Ohio free and reduced lunch program. You will need to show proof of income (2 consecutive pay stubs, current W2, or child support stubs)

Qualifications: Must be a Perry Township resident

Household Info Please Print

Name of Parents/Guardians living in this home:

Street Address:

Home Phone number:

Cell Phone Number:

Alternate Phone Number:

Proof of income is needed to participate in Perry Helping Perry. The following forms of proof will be accepted:

- | | |
|---|--|
| <input type="checkbox"/> 2 consecutive paystubs | <input type="checkbox"/> Driver's License # _____ |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> We currently qualify for free/reduced lunches |
| <input type="checkbox"/> Current W2 form | <input type="checkbox"/> Income qualification |

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

Applicant (Please Print)

Last Name		First Name	
Please Circle:	Male	Female	Pajamas size:
Age:	Shirts		size:
New or Returning Applicant?		Pants	size:

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