



TOWN OF NEW WINDSOR

RECREATION DEPARTMENT
Recreation Director Matt Veronesi

244 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
845-565-7750
FAX: 845-569-7932

<http://www.nwrecisfun.com>

GEORGE GREEN
TOWN SUPERVISOR

PATRICIA MULLARKEY
SUSAN WEYANT
ALICE BIASOTTI
ERIC LUNDSTROM
TOWN BOARD

2012 New Windsor Food Pantry Application

Dear Food Pantry Applicant:

The Town of New Windsor Food Pantry is a program that offers once a month food pick-ups for Town residents only. Pick-ups must be done at the Recreation Department which is located at 244 Union Avenue, at Ruscitti Park, and must be done during normal business hours which are 8:30am to 4:30pm. The pick-up schedule is on Friday's and can be found directly after this letter.

This program is not intended as a primary source of food. We are here to help you as much as possible after you have used other sources. All of our food is donated by town residents, as well as local businesses and clubs. We hope that with our help and with the help of other programs available, the day will come when you are no longer in need of help.

Please fill out the following application and provide us with a copy of a utility bill proving New Windsor Residency. Your information will remain confidential and will only be used to determine your food pantry eligibility. Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Matt Veronesi". The signature is written in a cursive, slightly slanted style.

Matt Veronesi
Recreation Director
Town of New Windsor

2012 New Windsor Food Pantry Pick-Up Dates

January 20,2012

February 17,2012

March 16,2012

April 20,2012

May 18,2012

June 15,2012

July 20,2012

August 17,2012

September 21,2012

October 19,2012

November 16,2012+ turkey

December 14,2012+ turkey



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Applicant: Last Name _____ First Name _____

Address _____ Town _____ State _____

Home Phone _____ CellPhone _____ EmailAddress _____

Names of all members living in the household including applicant

Name	Age	Total Monthly Income	Male/Female

Monthly Expenses	Amount or N/A if not applicable	Comments
Mortgage if you own home	\$	
Rent	\$	
Gas (monthly average)	\$	
Electric (monthly Average)	\$	
Phone Bills (Monthly Average)	\$	
Car (monthly average payment and insurance)	\$	
Other Bills (Including medical, water, sewer, cable garbage, etc.)	\$	

Please put a check next to any of the following assistance anyone in your household receives

Program	Put check for yes	Program	Put check for yes
Pick-ups from other food banks or pantry's		Temporary Assistance to Needy Families (TANF)	
Receiving Social Security (please list total amount)		Section 8 Housing	
Food Stamps		Child Support	
Supplemental Security Income (SSI)		Disability	
Women and Infants and Children Program (WIC)		Unemployment	
School meals program		(other, please list in space below)	

Please add any additional comments below

I hereby state that all the information I have provided is accurate and complete to the best of my knowledge. I understand that if this information is found to be false you will be banned for life from ever using the Town of New Windsor Food Pantry again.

Applicants Signature

Today's Date

Please do not write below this line for official use only

Applicant Has Been Approved _____

Applicant Has Been Denied (give reason) _____

Signature of Food Pantry Administrator _____ Date _____