



SHARE Food Bank

2615 Clarke Street, Port Moody, V3H 1Z4

Applicant

Hamper Size Small (1) Medium (2-4) Large (5+)

Last (Family) Name		First (Given) Name		Phone #
Suite #	House #	Street		
City		Postal Code	<input type="checkbox"/> Group Home <input type="checkbox"/> Temp family/friend <input type="checkbox"/> Shelter <input type="checkbox"/> Rooming House <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> BC Housing <input type="checkbox"/> Band Owned	

Proof of Address

Assistance Cable Bill Hydro Bill Telephone Bill Other Official Mail

Primary Income Source

Assistance Disability E.I. Pension Work (P/T) Work (F/T)

Other (specify) _____

List ALL household members below:

Start with applicant and include roommates, boarders, friends & relatives living together. Must show ID to add to application

First Name	Last Name	Gender	First Language	Birthdate (mm/dd/yy)	CareCard, BCID, DL Permanent Res, Passport, Birth Cert, Immigration

Tiny Bundles: Pregnant - Due Date: _____ Name: _____
Please specify who is pregnant if there is more than one adult female

Account Open: _____ Client Signature: _____

Account Update: _____ Intake Initials: _____

Your information is not sold or traded to any other organization. It may be shared with other food banks to avoid duplication of service. SHARE uses third parties to help us manage information. These businesses do not sell or trade our information, all information is stored in Canada and access is strictly limited to authorized personnel

