

The Cottage City Food Gift Card Program

Date:

Name:

Telephone:

Address:

Email:

How long have you lived at this address?

Are you currently employed?

What is the emergency hardship you are currently facing?

How did you hear about the Cottage City Food Gift Card Program?

How many reside in your household?

By signing below, I acknowledge that the statements contained herein and information furnished by me in this application is true and accurate. I understand that if the information is found to be untrue or false, I will be disqualified for consideration. I understand that the intent of the Cottage City Food Gift Card Program is to provide assistance to qualified residents struggling with a temporary emergency.

Signature: _____ **Date:** _____