



JJC Food Bank  
 524 West 59<sup>th</sup> Street  
 New York City, NY 10019  
 T. 212.237.8052  
 F. 212.237.8026  
 JJCFoodBank@jjay.cuny.edu

### JJC FOOD BANK APPLICATION

**Print Name:** \_\_\_\_\_ **Empl. ID#** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Residency/Legal Status in the US No \_\_\_\_\_ Yes \_\_\_\_\_ (verify) \_\_\_\_\_

Student Status: Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_ International Student \_\_\_\_\_

Credit Hours Enrolled this Semester: \_\_\_\_\_ Total Credits completed to date: \_\_\_\_\_

\*\*\*\*\*

**Complete this section to help us determine your status.**

1. Have you completed the FASFA form for the current academic year? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Employment status: Employed (F/P) \_\_\_\_\_ Unemployed \_\_\_\_\_
3. How much is your household income for this month? \$ \_\_\_\_\_
4. How much does your household pay for rent or mortgage? \$ \_\_\_\_\_
5. How much do you pay for utilities? \$ \_\_\_\_\_
6. How many people live in your household? \_\_\_\_\_
7. How many people in your household do you buy and prepare food for? \_\_\_\_\_
8. Do you currently receive SNAP benefits? Yes \_\_\_\_\_ No \_\_\_\_\_
9. What is the **main reason** that you are seeking help today?
 

Loss of Employment _____	Loss of SNAP Benefits _____
Loss of Financial Aid _____	Major Health Expense _____
Loss of Parental Support _____	Family Emergency _____
Loss of Spousal Support _____	Homelessness _____

10. How did you hear about the food pantry?  
 \_\_\_\_\_  
 \_\_\_\_\_

## Terms and Conditions

1. I understand that this Food Pantry application is only good for **one Academic Year and that I must reapply each Fall** to continue participation in the program.
2. I understand that I must **currently be enrolled** as graduate or undergraduate student to participate.
3. I understand that **only one (1) JJC student per household may apply to the program.**
4. I understand that the privilege of using the JJC Food Bank may be denied to me at any time for violation of the JJC Food Bank or University policies. **I will not abuse the services of the JJC Food Bank**
5. I understand that the food I receive from the John Jay College Food Bank has been donated or purchased from several off-campus partners that does not guarantee as to the quality of the food or its value for any particular purposes. Some of the food distributed at the John Jay College Food Bank has surpassed its “**best by**” consumption date.
  - **The USDA states that “best if used by or before” date is recommended for best flavor or quality. It is not a purchase or safety date.**

## Certification

I certify that all statements are true and accurate to the best of my knowledge and that I have included all household members and all sources of income.

By signing below, I **release** John Jay College of Criminal Justice, and the original donor from any liability or harm (including injury or death) or losses in connection with the food or supplies I have received. I assume any risks and covenant not to sue the released parties with respect to such harm or losses.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_