



Date

DBM/CB#

DAILY BREAD MARKETPLACE and CHRISTIAN BOUTIQUE APPLICATION

Print Last Name

First

Name of Spouse

Street Address

City

State

Zip Code

Telephone #

Email Address

DOB

Age

Gross Monthly Income

Language

Gender

Ethnicity (Race)

Household Type

Housing

Native American/Alaskan _____
Asian _____
African American _____
European American _____
Hispanic _____
Pacific Islander _____
Other _____

Two Parent w/children _____
Female Single Parent _____
Male Single Parent _____
Single Adult no children _____
Multiple Adult no children _____
Senior Citizen _____
Multiple Household _____
College Student _____

Rent _____
Own _____
Share _____
Subsidized _____
Utilities included Y or N _____
Name of Landlord _____
College Attending _____

Additional Household Members

Name	DOB	Gender	Relationship	Language	Disabled
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N

Are any other members of your household receiving help from the Daily Bread Marketplace? Y N

As a client of the Daily Bread MarketPlace, you will receive food from the pantry during this year and will inspect said food to determine that it is fit for human consumption. Also, that 1. The food is accepted "as is". 2. The Daily Bread MarketPlace and the ORIGINAL DONORS disclaim any implied warranties of merchantability or fitness for a particular use. 3. There have been no expressed warranties to this gift of food. 4. As a client you release both the ORIGINAL DONOR and the DAILY BREAD MARKETPLACE from any liability resulting from the condition of the donated food and further agree to indemnify and hold the DAILY BREAD MARKETPLACE and the ORIGINAL DONORS free and harmless against all and any damages, liabilities, losses, claims, causes of action and suites of law or in equity or obligation whatsoever rising out of or attributed to any action of said client in connection with its storage and use of the donated food. 5. You will not sell or offer this food for sale, this is prosecutable by law. We reserve the right to refuse service to anyone. We have the right to contact/verify the above information at any point and time to determine the validity of the information provided.

Client Signature

Date

For Office Use Only – Verification Process

Proof of Address _____
Eligibility Provided _____
Number of Monthly Visits Allowed Annually: _____

Case Manager: _____
Points Approved: _____ Next Appt.: _____