



**WESTWOOD FOOD PANTRY - 2026/2027 REGISTRATION APPLICATION**

**A. Applicant Information** (*Westwood residents only*)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender (optional): \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

**B.** Please explain why assistance is needed (use additional space if necessary):

\_\_\_\_\_

\_\_\_\_\_

**C. Are you currently receiving aid from any other agencies?** (*Check all that apply*)

- SNAP/Food Stamps     AFDC     Fuel Assistance     Mass Health/Medicaid
- SSI     Unemployment     Medicare     Other

**D. Veteran Status**  Yes     No    **E. Primary Language :** (optional) \_\_\_\_\_

**F. Household Data:** Total Number in Household: \_\_\_\_\_ Total number 65+ \_\_\_\_\_ Total # under 18 \_\_\_\_\_

Other Household Members	Relationship	Age

I/We certify that the information provided above is true and correct. I/We understand that this information will be shared by the Westwood Food Pantry only on a need-to-know basis. I/We agree to abide by the Westwood Food Pantry Rules, and acknowledge that my/our failure to do so may result in suspension or termination of access.

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

## The Emergency Food Assistance Program/TEFAP

### Income Eligibility Guidelines

July 1, 2025 through June 30, 2026

Number of Household Members	Annual Income	Monthly Income	Weekly Income
1	\$39,125	\$3,260	\$752
2	\$52,875	\$4,406	\$1,017
3	\$66,625	\$5,552	\$1,281
4	\$80,375	\$6,698	\$1,546
5	\$94,125	\$7,844	\$1,810
6	\$107,875	\$8,989	\$2,075
7	\$121,625	\$10,135	\$2,339
8	\$135,375	\$11,281	\$2,603
For each additional household member; add	\$13,750	\$1,146	\$264