

**City of Albany - Community Grocery Program
2023 Participant Application**

First Name: _____ Last Name: _____ Phone: _____

Email: _____ How do you prefer to be contacted? (circle one) Email / Phone

Address: _____ City: Albany Zip Code: _____

How did you hear about the program? _____

Monthly TOTAL Household Income (all sources): _____

Household Size: _____

AGE GROUP		
Under 18	18-24	25-34
35-44	45-54	55-64
65 or older	Please Circle One	

OPTIONAL — I authorize _____ to pick up my bag if I am unable to do so.

To participate in the City of Albany’s Community Grocery Program in 2023 the undersigned hereby agrees to the following:

REQUIRED — I AGREE to notify Recreation and Community Services by 1 pm on the first Friday of each month if I cannot pick up my groceries, or if I am planning to pick up late. I UNDERSTAND that if I have not contacted the program by 1 pm that my reserved bag will be distributed to another resident. X _____ (initial)

REQUIRED — I AGREE to assume the risk of accident or injury sustained from whatever cause in connection with this activity, and release the City of Albany, its officers, agents and employees from any and all liability for any such accident or injury caused by whatever reason, including but not limited to an act of omission.
X _____ (initial)

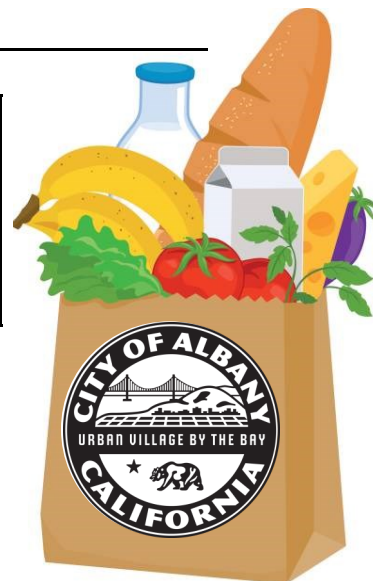
OPTIONAL — I ACKNOWLEDGE that the City of Albany takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child’s image by the City for such purposes. I understand I will not be compensated for the use of these photos or videos. X _____ (initial)

All the information I have provided in this application is true to the best of my knowledge and can be documented if required.

Signed: _____ Date: _____

Household Size	1	2	3	4	5	6	7	8
Maximum Annual Income	74,200	84,800	95,400	106,000	114,500	123,000	131,450	139,950
Maximum Monthly Income	6,183	7,067	7,950	8,833	9,542	10,250	10,954	11,663

Based on the Department of Housing and Urban Development (HUD) Fiscal Year 2022 Low Income Limits and in accordance with requirements of the American Rescue Plan Act of 2021.



INTERNAL USE ONLY

Verification of Albany address provided: _____ Type of verification: _____
Staff signature: _____ Notes: _____