



Estimated annual income (entire household): \_\_\_\_\_

I agree:

- That all information provided on this application is truthful to the best of my knowledge.
- To inform Community Pathways of any change in my application.
- To only take items needed by my family members listed in this application.
- That I will not sell, barter, or trade items received from Community Pathways and understand that doing so may result in loss of shopping privileges.
- That I will not take items from Community Pathways that are not run through the check-out process and understand that doing so may result in loss of shopping privileges.

\_\_\_\_\_  
Signature of Main Shopper

\_\_\_\_\_  
Date

### Optional Messaging Sign Up

#### TEXT MESSAGING – AUTHORIZATION:

I wish to receive messages from Community Pathways via text message.  
(Standard text message rates may apply)

Phone # \_\_\_\_\_

Client Initials \_\_\_\_\_

#### Email - Authorization

I give Community Pathways permission to contact me via email for updates and newsletters.

Email Address \_\_\_\_\_

Client Initials \_\_\_\_\_

#### FOR OFFICE USE ONLY:

Application verified by: \_\_\_\_\_  
Initials Date