Human Services Department
16300 Alba St.
Lemont, IL 60439
630-257-2522 ext 117
melanie@lemonttownship.org

Lemont Open Food Pantries

Who is eligible to come to the food pantry?

- Lemont Township Residents
- Lemont Township Residents whose income is at or below the federal guidelines:

250 % of the Poverty Level (All Residents)	
Household Size	30 Day Income
1	$ 3,325
2	$ 4,508
3	$ 5,691
4	$ 6,875
5	$ 8,058
6	$ 9,241
7	$ 10,425
8	$ 11,608

When can residents go to the food pantry?

- **Lemont Township has two local food pantries:**
  - **Bethany Lutheran Church: 500 Lemont St. Lemont, IL 60439 is open Tuesday – Thursday 9:30 AM-12:30PM**
  - **Lemont United Methodist Church: 25 West Custer St. Lemont, IL 60439 is open Tuesday – Thursday 9:45AM-11:00AM**

How often can I attend the food pantry?

- You are welcome to visit **each** pantry **once** per month unless a restriction has been applied.

How do I get qualified to attend the food pantry?

- To receive assistance, you must complete the enclosed application and provide the required documentation, listed on the next page.
- Anyone on a fixed income such as Social Security, SSI, or Disability your certification will be processed on a yearly basis, all certifications will end January 31st of the following year, unless there are others in your household with income. For others, your certification will be valid for 3 months.
- **A new application with all required documentation is required yearly for all residents applying for the Lemont Open Food Pantries. If you are recertifying your application every 3 months, and there are no changes to the household, submit updated proof of income and utility bills. If there are changes in the household, submit an updated application and all required documentation.**
- All applications will be processed on the Friday of the week they are dropped off by resident. You will be able to attend the pantry the following week unless additional documentation is requested.

Lemont Open Pantries Required Documentation

Please read the list carefully. If you have any questions about the required documentation, please contact Human Services of Lemont Township at (630) 257-2522 ext 117.

All documentation if required to ensure your application is properly reviewed and certified. Failing to turn in the listed documentation may cause for a delay in processing.

Please note, this is an initial list of documents required. Lemont Township reserves the right to request additional documentation for verification purposes.

- ☐ Current Valid Photo ID for all household members 18 and over
- ☐ Proof of residency/lease for all household members
- ☐ 30-day Income Documentation for all household members
- ☐ Zero Income Application, required for all household members 18 and older whom are zero income (if applicable)
- ☐ Current Utility Bill (Gas, Electric, Water)
- ☐ Copy of SNAP (Link Card) Benefits (if applicable)
- ☐ Copy of Medical Card (if applicable)

Please drop off completed applications and required documentation to Lemont Township.

Human Services Department
16300 Alba St.
Lemont, IL 60439
630-257-2522 ext 117

Lemont Open Pantries Application

Date _____/_____/_____

For Office Use Only

Application Received on: ____/_____/_____Certified until: ____/_____/_____

First Name _____ Middle_____ Last Name _____

Date of Birth _____/_____/_____ Social Security # _____ Gender_____

Phone Number _____ E-MAIL_____

Address _____ City _____ Zip Code _____

Marital Status: Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐

Emergency Contact First Name _____ Last Name _____

Relation _____ Phone Number_____

Do you wish to opt into text message/e-mail alerts? This is used if the food pantry gets a surplus of a particular item or they have a special item they want to alert residents about? Yes ☐ No ☐

List below the names of your spouse, children and any other people living at this address:

Name	Age	Date of Birth	Gender	Relation	Social Security #
		___/___/___			
		___/___/___			
		___/___/___			
		___/___/___			
		___/___/___			
		___/___/___			

Does anyone in your household receive SNAP benefits, please list below:

Name_____ Monthly Amount $_____

Name_____ Monthly Amount $_____

Income Verification is required for all household members

- If self-employed – Request Additional Self-Employment Form
- If a household member 18 and over is zero income – Complete Zero Income Application

Household – Income Verification

Name	Monthly Income	Type of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note – *Only your family size, contact information, emergency contact and SNAP amount will be shared with the Lemont Open Food Pantries – for them to assist you.*

Agreement

I understand that providing false information, or intentionally failing to disclose information, may cause for any assistance provided for Lemont Township or the Lemont Open Food Pantries to be revoked immediately. By signing this form, I certify the above information is current and correct to the best of my ability.

_____ _____/_____/_____

Client Signature **Date**

_____ _____/_____/_____

Human Services Approval **Date**

Human Services Department
16300 Alba St.
Lemont, IL 60439
630-257-2522 ext 117

Zero Income Application

List all Members of the Household 18 and older who are zero income:

Name	Age	Date of Birth	Eligible to be employed
_____	_____	_____/_____/_____	Yes ☐ No ☐
_____	_____	_____/_____/_____	Yes ☐ No ☐
_____	_____	_____/_____/_____	Yes ☐ No ☐

If a household member is eligible for employment, what are they doing to find employment?

_____
_____
_____

If a household member is not eligible for employment, why not?

_____
_____
_____

How are you maintaining your household expenses?

_____
_____
_____

Agreement

I understand that providing false information, or intentionally failing to disclose information, may cause for any assistance provided for Lemont Township or the Lemont Open Food Pantries to be revoked immediately. By signing this form, I certify the above information is current and correct to the best of my ability.

_____ _____/_____/_____

Client Signature **Date**