



CITY OF CHELSEA

CHELSEA EATS APPLICATION

Instructions: Please complete the following form. Incomplete applications will not be processed.

Completed applications should be dropped off at:
City Hall , 500 Broadway, Room #101, Chelsea, MA 02150
OR
Green Drop Box outside City Hall (Washington Ave entrance)

**ALL APPLICATIONS MUST BE SUBMITTED BY
JANUARY 6, 2023 AT 12:00 PM.**

The City will hold a weighted lottery to select recipients. All eligible applicants will be entered into the lottery. Eligibility is limited to households with incomes below 30% of the Area Median Income. Preference will be given to applicants with children under 18, disabled residents, veterans, seniors 65+, families who are ineligible for other forms of government assistance, families with a female-identifying head of household, families with a member self-identifying with a minoritized/marginalized gender-identity.

**For additional information about the program please call 311 (617-466-4209) or email
lalvarez@chelseama.gov**

**Please allow up to four (4) weeks for application processing following the date of the application
deadline.**

Applicant Information

Name:

Address:

Do you receive mail at this address? Yes No

If your answer is no, please provide your mailing address _____

Contact Phone Number: _____

Email Address: _____

What is your preferred language for contact:

- English Spanish Arabic Vietnamese Haitian Creole
Somali Portuguese Other: _____

Family Composition Information

How many people live in your family? _____

How many age 0-5: _____

How many age 6 to 17: _____

How many age 65 or older: _____

Do you or any members of your family have a disability? Y N

Are you or any members of your family a Veteran? Y N

Do you or anyone in your family identify as transgender, non-binary or gender non-conforming? Y N

Does the head of household self-identify as female? Y N

Household Income Information

Please list all sources of income you and/or your family members receive, how often you receive that source of income, and how much you receive. For example: if you receive \$300 in Unemployment Insurance every week, list: in Column A) list: *Unemployment Insurance*, in Column B) list: *Weekly*, in Column C) list *\$300*. If your family has multiple sources of income, please list each source separately.

Source of income (For example: wages/job, Social Security, child support, Unemployment Insurance, etc.)	Frequency of pay (For example: monthly; biweekly/every-two-weeks; weekly)	Amount received / \$ Please list your income before tax deductions (your Gross Income).

Does anyone in your family receive other assistance?

- SNAP
 WIC
 TAFDC/EAEDC
 Social Security
 Social Security Disability
LIHEAP

Conflict of Interest

	Yes	No
Are you (or anyone in your household) a municipal employee or locally appointed official?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work as a consultant or agent to the community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work for another agency that administers City funded programs for the community?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your current title position?		
In what agency or department?		

Would you allow the City of Chelsea to send you information about this program or other related programs in the future? Yes No

Would you allow the City of Chelsea to survey/share information with researchers to measure the program's outcomes? Yes No

Signature _____ **Date** _____

ETHNICITY/RACE DATA. Please note, responding to this section is optional.

If you choose, you may use the following options to identify yourself and your family members by ethnicity or race. You are not required to provide this information, and it will not affect the evaluation of your application.

Race: Black/African American White Asian
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander
 Other

Hispanic: Yes No