



REGISTRATION FORM

Date: _____

First Name: _____ Last Name: _____

Email: _____

Do you receive any of the following benefits (Circle which ones apply):

- | | |
|--|---|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Fuel Assistance |
| <input type="checkbox"/> Veteran's Aid | <input type="checkbox"/> Food Stamps/SNAP |

Address: _____

Phone Number: _____

Proof of Residency (Circle One):

- | | |
|--|--|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Apartment Lease |
| <input type="checkbox"/> Mass ID | <input type="checkbox"/> Utility Bill |

Total Number in Household: _____

Children in household 0-17: _____

Adults in Household 18-59: _____

Seniors in Household 60+: _____

Is a member of your household a Veteran?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Is a member of your household disabled?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are any adults in the household currently unemployed and looking for work?

- | | | |
|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Other | <input type="checkbox"/> None |
|-------------------------------|--------------------------------|-------------------------------|

Preferred Language: _____

Which categories describe the members of your household? Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Non-Hispanic White or European American | <input type="checkbox"/> South Asian or Indian American |
| <input type="checkbox"/> Hispanic, Latinx, or Spanish origin | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| | <input type="checkbox"/> Other |

Annual Household Income (Please check ONE):

Household Size	Income Range		
1	<input type="checkbox"/> \$0-\$26,850	<input type="checkbox"/> \$26,851-\$44,800	<input type="checkbox"/> \$44,801-\$67,400
2	<input type="checkbox"/> \$0-\$30,700	<input type="checkbox"/> \$30,701-\$51,200	<input type="checkbox"/> \$51,201-\$77,000
3	<input type="checkbox"/> \$0-\$34,550	<input type="checkbox"/> \$34,551-\$57,600	<input type="checkbox"/> \$57,601-\$86,650
4	<input type="checkbox"/> \$0-\$38,350	<input type="checkbox"/> \$38,351-\$63,950	<input type="checkbox"/> \$63,951-\$96,250
5	<input type="checkbox"/> \$0-\$41,450	<input type="checkbox"/> \$41,451-\$69,100	<input type="checkbox"/> \$69,101-\$103,950
6	<input type="checkbox"/> \$0-\$44,500	<input type="checkbox"/> \$44,501-\$74,200	<input type="checkbox"/> \$74,201-\$111,650
7	<input type="checkbox"/> \$0-\$47,600	<input type="checkbox"/> \$47,601-\$79,300	<input type="checkbox"/> \$79,301-\$119,350
8	<input type="checkbox"/> \$0-\$50,650	<input type="checkbox"/> \$50,651-\$84,450	<input type="checkbox"/> \$84,451-\$127,050

Guest Contract:

By registering with Arlington EATS Market you agree to the following guidelines:

1. Guests are prohibited from saving a spot in line for others or holding spots in line with bags or carts. Items left unattended may be removed.
2. Guests will treat all other people at the Market with respect.
3. Guests are eligible to receive food from the Market only once per week and will respect guidelines regarding food quantities.
4. Guests have the right to be treated with dignity and respect by EATS staff and volunteers.
5. Guests are asked to follow all safety guidelines.

Guests who break any of these rules may no longer be allowed to come to the Market or receive home delivery from Arlington EATS.

Signature: _____

Date: _____