

# Healthy Food Access • Application

Last Updated 1/10/2023

## ① Information

### Are you a Littleton Food Co-op Member?

**Yes.** Member # [ X ][ X ][ X ][ X ][ X ]

**No.** I'd like to purchase a Membership. (\$25)

**No.** I'd like 1 share from the HFA fund to become a member. I understand that this is non-refundable and if I terminate my membership for any reason that it will be reabsorbed into the HFA fund to help others become members and receive financial assistance. **More Info:** bcolpitts@LittletonCoop.org

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

## ② Let's Make Sure You're Eligible

**Participation in HFA requires proof of supplemental income.** Some examples of eligible programs: *SNAP/EBT, WIC, SSI, SSDI, VA Benefits, and others.* Please bring a copy of your proof of supplemental income with you when submitting your application. A Co-op employee will review your documentation in-person at the time of application and return it to you before you leave.

## ③ Understandings

**Please initial in the designated area once you have thoroughly read and fully understand each of the following statements:**

I understand that I need to reapply every year to receive the HFA discount. [Initial]

I understand that discounts will not and can not be applied retroactively. [Initial]

I understand the HFA discount may only be used by approved person(s). [Initial]

I understand the HFA discount may not be combined with other promotions or discounts. Subject to managerial discretion. I understand that I may visit the Service Desk for current restrictions. [Initial]

## ④ Wrapping Up

I affirm that the information I have provided is honest and true. In good faith, I hereby authorize the Littleton Food Co-op to determine my eligibility for the Healthy Food Access Program.

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

### Internal Use Only

Date Rec'd:

Employee Processing:

Approved? (Y/N)

Financial Assistance (Y/N)