



## MEMBER HOUSEHOLD APPLICATION

<b>Select One</b>
<input type="checkbox"/> New Member <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal

<b>Check If You Are Changing</b>	
<input type="checkbox"/> Adoptee <input type="checkbox"/> Additional Adoptee <input type="checkbox"/> Household Member	<input type="checkbox"/> Address <input type="checkbox"/> Income <input type="checkbox"/> Phone

<b>Team Name:</b> _____
<b>Adoptee Name:</b> _____

Member Name: _____	Cell Phone # _____
Physical Address: _____	Home Phone # _____
City and Zip : _____	
Mailing Address: _____	
Email Address: _____	
How do you prefer to receive GCCCI communications? <input type="checkbox"/> Email <input type="checkbox"/> USPS	

**Ethnicity (E-Code) Key:** Caucasian (1)   Hispanic/Latino (2)   African American (3)   Asian (4)  
 Multiracial (5)   Native American Including Alaska Native and Pacific Islander (6)   Undeclared (8)

### Member Household Information

First Name <i>(Please print)</i>	Last Name <i>(Please print)</i>	Sex M/F	Birth Date	E-Code	Vet <input type="checkbox"/> Y <input type="checkbox"/> N	Disabled <input type="checkbox"/> Y <input type="checkbox"/> N	Gross Yearly Income
1					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
2					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
3					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
4					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
5					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
6					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
7					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
8					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
<b>TOTAL GROSS YEARLY INCOME \$</b>							

**Office Use Only**

HUD Income Guidelines: \$ _____	<input type="checkbox"/> Over Income Letter Attached for Approval
Deposit Date: _____	Deposit No.: _____ Staff: _____
Start Date: _____	Transfer from Team: _____ Transfer to Team: _____



**PLEASE PRINT ALL INFORMATION ON YOUR APPLICATION LEGIBLY, IN ENGLISH, WITH INK**

A member must have an adoptee with whom you share a portion of the food you receive including meat and other specialty items, (an adoptee does not pay). You can find an adoptee yourself, or call the office at 503-655-8740. An adoptee can be anyone who meets the following qualifications:

Must be at least 65 years old OR, disabled and is at least 18 years old, lives in Clackamas County, does not live in the same household of a member of Gleaners of Clackamas County, Inc., and meets the HUD Income Guidelines.

*(Copy of the HUD Income Guidelines may be found at <https://www.gleanerscc.org>)*

**Gross Annual income** is **ALL** income before any deductions for **ALL** members of the household for all of a year.

- I understand that the membership list is not private.
- I agree that no products distributed by Gleaners of Clackamas County, Inc. (GCCCI) shall be traded, sold or bartered.
- I agree that no adoptee shall pay for products received.
- I certify that my physical residence is in Clackamas County.
- I agree to share a portion of my GCCCI product distribution, including meat and other specialty items with my adoptee.
- I certify that all information on this page is true and correct.
- I agree to notify GCCCI immediately with changes to the information on this page.
- I certify that I meet the qualifications of a member and I will complete my monthly service hours.
- I agree that GCCCI SHALL NOT BE LIABLE for any claims, injuries, damages, or actions to persons or property arising from or connected with my participation or my household's participations(s) in GCCCI.
- I agree to abide by all current GCCCI BY-LAWS AND POLICIES.

*(Copy of By-Laws may be found at <https://www.gleanerscc.org>)*

**By signing below, I understand that falsification of this information shall deem my application null and void and that my standing with this organization will be terminated. I agree to notify Gleaners of Clackamas County, Inc. of any changes in household members, income or status immediately.**

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Team Officer Signature*

\_\_\_\_\_  
*Date*