



ADOPTEE HOUSEHOLD APPLICATION

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

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

Team Name: _____
Member Name: _____

Adoptee Name: _____	Cell Phone: # _____
Physical Address: _____	Home Phone # _____
City and Zip: _____	
Mailing Address: _____	
Email Address: _____	

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)

Adoptee 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	\$ _____
TOTAL GROSS YEARLY INCOME \$							_____

Team Officer Use Only

HUD Income Guidelines: \$ _____	Start Date: _____
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PLEASE PRINT ALL INFORMATION ON YOUR APPLICATION LEGIBLY, IN ENGLISH, WITH INK

Every 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). An adoptee can be anyone who meets the following qualifications:

Must be at least 65 years old, OR is disabled and 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 certify that I am age 65 or older and/or disabled and at least 18 years old.
- I certify that my physical residence is in Clackamas County.
- I certify that I meet the HUD Income Guidelines.
- 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 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.

Adoptee Signature

Date

Gleaner Member Signature

Date