Hunger Commission’s Mobile Market

FREE fresh produce for income qualifying working families and individuals

Tuesdays 5:30 - 7pm (rain date Wednesdays)

Lot across the street from Dennison Memorial Community Center (755 So. 1st St.)
July 17th  August 28th
July 31st  September 11th
August 14th  September 25th

BankFive Parking Lot
1724 Acushnet Ave
July 10th  September 4th
July 24th  September 18th
August 7th  October 2nd
August 21st

Please fill out the application on back and return to Mobile Market.

Proof of earned income (pay stub) and photo ID is required to get food.

Sponsored by:

To qualify, your household should be within these income level guidelines:

2 person household range $1,000 - $40,300
4 person household range $1,000 - $50,350
6 person household range $1,000 - $58,450
Mobile Market Application
If possible, please complete this form before your first visit.

Name: ____________________________________________________________

Address: _________________________________________________________

City: ___________________________ State: _______ Zip: __________

Telephone: _________________________ Email: _______________________

Date of Birth: _______________________ Gender: ______________

Employer: ________________________________ Full Time Part Time (circle one)

Ethnicity: (Select One)  __Hispanic or Latino  __ Not Hispanic or Latino

Race: (Select one)
  __ White  __ Asian & White
  __ Black/African American  __ Black/African American & White
  __ Asian  __ American Indian/Alaskan Native & Black
  __ American Indian/Alaskan Native  __ Other Multi-Racial
  __ Native Hawaiian/Other Pacific Islander  __ Asian/Pacific Islander
  __ American Indian/Alaskan Native & White  __ Other __________________________

Ages of all household members:
   __________ M/F   __________ M/F   __________ M/F
   __________ M/F   __________ M/F   __________ M/F

Do you receive SNAP benefits?  __ Yes __ No
Do you receive any other support from temporary assistance programs?  __ Yes __ No

Total Number in Household (including self): ________

Total Annual Household Income: __________________________

By signing below, I confirm the above information is correct and truthful. I will receive product from United Way of Greater New Bedford’s Hunger Commission mobile market and release United Way of Greater New Bedford of any liability resulting from the donated food. I confirm that the goods received are not being transferred in exchange for money, property or services.

Signature: ______________________________________________________ Date: __________________

Office Use Only:
Must provide proof of earned/work income & Photo ID.  Proof of Income: ________________________