

Lassen County Council On Aging

Senior Food Voucher Application 2020

Application must be received by October 29, 2020 at 5pm

Applicant name: _____ Date of Birth: _____ Age: ____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Gender: _____

Income (Per Month): \$ _____

Please include ALL income sources: Social Security, SSI, Employment Income, Rental income

Number of Persons in household: _____

List ALL Others in Household: (including children)

Name: _____ Date of Birth: _____ Income: _____

Name: _____ Date of Birth: _____ Income: _____

Name: _____ Date of Birth: _____ Income: _____

Name: _____ Date of Birth: _____ Income: _____

Name: _____ Date of Birth: _____ Income: _____

Applicants must:

- Be 62 or older as of 11-1-2020
- Be considered very low income
- **Live in Susanville city limits**
- Not be receiving holiday assistance from another agency

Applications must be filled out completely. Incomplete application will be rejected.

Submit all applications to:

LCCOA PO Box 168 Susanville, CA 96130

LassenAging@gmail.com

916-259-3266

Find us on Facebook: Lassen County Council on Aging

Signature: _____ Date: _____

Assistance is not guaranteed. Number of Vouchers is limited.