## Lassen County Council On Aging

## **Senior Food Voucher Application 2021**

*Application m	ust be received by N	Iarch 26, 2021 at 5pm	*
Applicant name:		Date of Birth:	Age:
Address:	City:	Zip:	
Phone Number:		Gender:	
Income (Per Month): \$			
*Please include ALL income sou income*	rces: Social Security, S	SI, Employment Income,	Rental
Number of Persons in household	:		
List ALL Others in Household: ( Name:	U ,	Incom	e:
Name:	Date of Birth:	Incom	e:
Name:	Date of Birth:	Incom	e:
Name:	Date of Birth:	Incom	e:
Name:	Date of Birth:	Incom	e:
Applicants must:			
<ul> <li>Be 62 or older as of 4-1-2</li> <li>Be considered very low in</li> <li>Live in Susanville city li</li> <li>Not be receiving holiday</li> </ul>	ncome mits	agency	
Applications must be filled out c	ompletely. Incomplete	application will be rejecte	d.
Submit all applications to:			
LCCOA PO Box 168 Susanville, <u>LassenAging@gmail.com</u> 916-259-3266 Find us on Facebook: Lassen Co			
Signature:		Date:	

Assistance is not a guarantee. Number of Vouchers is limited.