

Waterbury Common Market NEW CLIENT FORM

Full Name _____ Date of Birth _____

Street address _____ Town _____

Rent _____ Own _____ Homeless _____ Phone Number _____

Email _____ Opt in to receive emails from us? YES/NO _____

Total Number in Household _____ Number of Adults _____ Number of Children _____ Number of Seniors _____

Number of Veterans _____ Number of Pets _____

Do you receive EBT/SNAP/3Squares benefits? YES or NO If not, what is your gross household monthly income(optional) _____