



Affordable



Good Food

Good Harbor Hill Discount Application

Name* _____ Owner #* _____

Phone Number* (_____) _____

EmailAddress: _____

Mailing Address* _____

City * _____

State* _____ Zip Code* _____

- Emergency Assistance
- Section 8 Housing
- Medicaid
- SNAP/EBT
- Social Security Disability
- WIC

I certify that I am a participant in one of the above programs for low income individuals and/or families.

Signature* _____

Date* _____

*required fields

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