



CHRISTMAS APPLICATION 2009

Please fill out completely

One APPLICATION for FOOD and/or GIFTS per household or personal care home.
Information must be shared with other agencies in order to coordinate Christmas giving.

I am applying for: FOOD _____ TOYS or GIFTS _____

HEAD OF HOUSEHOLD _____ AGE _____
SPOUSE=S NAME _____ AGE _____
HEAD/HOUSE SS# (required) _____ - _____ - _____ SPOUSE=S SS# (required) _____ - _____ - _____
MAILING ADDRESS _____ APT# _____
STREET ADDRESS or DIRECTIONS TO HOME (if different from mailing address):

CITY: _____ ZIP _____ COUNTY _____
TELEPHONE NUMBER(S) WHERE FAMILY CAN BE REACHED: _____

List **EVERYONE ELSE** who lives in your home in the spaces below. Do not include anyone who does not live in the household full time. **AGE, SEX, and SOCIAL SECURITY NUMBERS MUST BE INCLUDED.**

Name	Age	Sex	Relationship to Head of Household	Social Security #	Clothing Size	Shoe Size	Toy Choice (\$25 or less)

This application is for **FOOD & TOYS**. **DO NOT** assume you will receive clothing. There is no guarantee that your child will receive their toy choice. **If you DO NOT receive a denial, you may assume your application has been approved.**

RETURN APPLICATION BY NOVEMBER 1, 2008.

By completing and signing this application, you agree to have your information shared with other appropriate organizations and/or volunteers. YOU ALSO AGREE TO BE HOME ON THE MORNING OF 12/24/08 TO ACCEPT DELIVERY OF FOOD BASKET AND OR TOYS!

Applicant=s Signature

Application Date

**

FOR OFFICE USE ONLY: _____ # _____ # _____

Food Number Toys Number Certifying Agency
CHRISTMAS APPLICATION WORKSHEET

FAMILY NAME: _____

Amount of FOOD STAMPS this household receives: \$ _____
 Based on how many people in the household: _____

A COPY OF YOUR FOOD STAMP VERIFICATION LETTER IS REQUIRED TO PROCESS YOUR APPLICATION.

MONTHLY INCOME (NET):

Employment/Wages _____
 TANF (welfare) _____
 Social Security _____
 SSI/SS Disability _____
 Veterans _____
 Pension _____
 Unemployment Compensation _____
 Child Support _____
 Workers= Compensation _____
 Other (list) _____

ALLOWABLE EXPENSES:

Rent/Mortgage _____
 Gas (Heating) _____
 Water/Sewer _____
 Electric _____
 Phone - basic rate only _____
 Food* _____
 +Other _____

TOTAL NET INCOME _____

TOTAL EXPENSES _____

(Minus Total Expenses) - _____

Spendable INCOME _____

ELIGIBLE: YES NO

* Food allowance may not exceed the amount listed in the State Food Stamp Schedule for household size.
 + Include only items that are contributing to hardship, for example, large medical expenses not otherwise covered. Do not allow credit account payments, clothing, furniture, or more than one vehicle and insurance.

CERTIFIER - _____ IS PROVIDING: FOOD TOYS (Circle) Transfer info to front of application

NOTE: Worksheet must be completed if certifying agent is not the provider. IF THE FAMILY DOES NOT MEET THE STANDARD ELIGIBILITY GUIDELINES, THE PROVIDER AGENCY MAY DENY THE APPLICATION.

Mail to:

**TM/CL Community Services
 5320 Frontier Drive
 Cross Lanes, WV 25313**