**Please Print** **Family Application AAF #\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_ A Community Christmas Interviewer’s Initials:\_\_\_\_\_\_\_**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last 4 digits of SS#\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Male or Female? \_\_\_\_\_\_\_\_\_\_\_ Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Number of Persons in your family**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First and last name** | **Relationship to you** | **Only last 4 digits of SS#**  | **Age Birth date** | **M/F** | **Child’s School** |
| 1. | - SELF - |   |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |

 **Totals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Number of Adults** | **Children ages 0-3**  | **Children ages 4-6**  |  **Children ages 7-10** | **Children ages 11-19*****High School only- NOT College!*** | **Total Family Size** |
|  Boys: Girls:  | Boys: Girls:  | Boys: Girls: | Boys: Girls: |

 **Your Income**

Income refers to all the money that you and other persons in your home receive, such as wages, child/spousal support, disability benefits, retirement benefits, Worker’s Compensation, Social Security, SSI, Veterans benefits, OWF. **I receive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in food assistance per month**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person receiving benefit:** | **Type of Income:** | **Amount of income before taxes:** | **How often received:** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

 **Your Expenses Per Month**

 Please list amount of each expense.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rent/Mortgage Payments: | Gas/Heating Oil: | Electric: | Water/Sewer: | Telephone: |
| Car Payments: | Insurance for car: | Medical bills: | Credit debts: |  |
| Other: |  |  |  |  |

**By signing this application**

\* I understand the questions on this form and I certify that all my answers are correct and complete to the best of my knowledge.

\* I certify that all applicants are residents of Stark County.

\* I understand and agree to provide documents to determine eligibility for the program.

**\* I understand that A Community Christmas will share this information with other Christmas agencies to avoid duplication of assistance**.

\* I understand that I am not guaranteed that I/my family will be adopted by registering. However, I will receive some type of assistance from A Community Christmas even it not adopted.

Signature of applicant or Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If authorized representative, what is your relationship to applicant? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 **AAF# \_\_\_\_\_\_\_\_\_\_\_**

 **Tell us why your family needs help this Christmas**

\_\_\_\_

 **Gift Suggestions for your family**

 ***No one gift item may exceed $25.00 in cost.***

***If a doll is requested, do you prefer White \_\_\_\_\_\_\_\_\_\_ Black \_\_\_\_\_\_\_\_\_\_\_ No Preference \_\_\_\_\_\_***

***Do you have a dog? \_\_\_\_\_\_\_\_ Do you have a cat? \_\_\_\_\_\_\_\_***

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name Only** | **Age M or F** |  **Clothing items - size & color** |  **Toys – Household Items** |
| 1. |   |  |  |
| 2. |   |  |  |
| 3. |   |  |  |
| 4. |   |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |

(3/3/2016)