

Please Print

Date: _____

Family Application
A Community Christmas

AAF # _____

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 <i>High School only- NOT College!</i>		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: _____

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.				