**Please Print** **SENIOR CITIZEN APPLICATION**

**(55 years of age or disabled) Date:\_\_\_\_\_\_\_**

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

***Year \_\_\_\_\_\_\_\_***

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last 4 digit of SS #\_\_\_\_\_\_\_

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

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

**Additional persons living with me:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_\_\_\_ Relationship:

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS#\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Proof of Eligibility**

You must bring a photo ID, a utility bill or a piece of mail with your home address printed on it, and proof of income for all persons listed on the application. 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. **Eligible applicants must be over 55 years of age or disabled. All additional persons living with you must meet these same eligibility requirements.**

**I receive $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in food assistance per month**.

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

**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.

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_