

Please Print

SENIOR CITIZEN APPLICATION

(55 years of age or disabled)

A Community Christmas

Year _____

Date: _____

Interviewer's Initials: _____

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.

Table with 4 columns: Name of person receiving benefit, Type of Income, Amount of income before taxes, How often received. Includes a dollar sign (\$) in the amount column for each row.

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: _____