



## Christmas Application

**IMPORTANT NOTE:** Application must be filled out completely and signed before being considered for assistance

### Application Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (Valid ID will be required)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**MARITAL STATUS:** Married  Divorced  Single  Separated  Widow

Spouse Name: \_\_\_\_\_ Number of Children/Dependents: \_\_\_\_\_

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD (adult and children)

Name	Birthday	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		

Have you signed up for Christmas assistance anywhere? \_\_\_\_\_ If yes where? \_\_\_\_\_

Did you receive assistance <sup>2019</sup>~~2018~~ from Under 1 Roof? \_\_\_\_\_

If unemployed, state reason for leaving past job? \_\_\_\_\_

Amount and date of last check \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you presently seeking employment? \_\_\_\_\_ What Type? \_\_\_\_\_



What skills do you possess? \_\_\_\_\_

Are you willing to work in order to receive assistance? Yes  No

What days/hours are you available? \_\_\_\_\_

Has anyone in your household worked within the last three months? Yes  No

Who? \_\_\_\_\_ Where? \_\_\_\_\_

**\*\*\*\* If you are receiving AFDC and/or Food Stamps attach F.1009 Cert. \*\*\*\***

Have you or anyone in your household applied for government assistance (AFDC food stamps, Social Security, Unemployment, S.S.I., Section 8 Housing, etc.)? Yes  No

Which Type? \_\_\_\_\_

Status of Application? \_\_\_\_\_

Have your utilities been disconnected? Yes  No  Have you requested a waiver of the reconnect/deposit charge and/or payment plan? Yes  No

Have we assisted you before? Yes  No  When? Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

(If YES, counseling may be required before application can be considered)

Purpose: \_\_\_\_\_ Amount: \_\_\_\_\_

**\*\*\*Have you received FEMA funds within the past 12 months?\*\*\***

Agency Name	Dates	Services	Amount

I have read all instructions carefully and acknowledge that all information given on this application is true.

I authorize the release of any and all information to verify this application.

(X) \_\_\_\_\_ Date: \_\_\_\_\_

Signature



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CONSIDERED FOR ASSISTANCE\*\*\*\*\***

FINANCIAL INFORMATION

Name of Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

**LIST ALL CASH ASSETS:**

Total in saving account \$ \_\_\_\_\_ Total in Checking Account: \$ \_\_\_\_\_

Total in other accounts/items \$ \_\_\_\_\_ Total cash assets: \_\_\_\_\_

**LIST ALL INCOME:**

Monthly Net Earnings	Monthly AFDC	Monthly Social Security	Monthly Unemployment
Applicant \$	Applicant \$	Applicant \$	Applicant \$
Spouse \$	Spouse \$	Spouse \$	Spouse \$
Other \$	Other \$	Other \$	Other \$
<b>Total (1) \$</b>	<b>Total (2) \$</b>	<b>Total (3) \$</b>	<b>Total (4) \$</b>

**LIST ALL INCOME**

Monthly Food Stamps	Other Govt. Assistance	All Total
Applicant \$	Applicant \$	(1)
Spouse \$	Spouse \$	(2)
Other \$	Other \$	(3)
Total (5) \$	Total (6) \$	(4)
		(5)
		(6)



	<b>TOTAL INCOME</b>	\$
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LIST ALL DEBTS/EXPENSES: The last column should total to the amount being requested

	Balance Due	Monthly Payments	Amt. past due	Amt. of asst. ask
Rent				
Mortgage				
Auto Loan				
Bank Loan				
Major credit card				
Retail credit card				
Other				
Electricity				
Gas/Water				
Telephone				
Food				
Medical/Prescriptions				
Childcare/Education				
Insurance				
Gasoline/Repairs				
Total				