**HOLIDAY FEAST PROJECT APPLICATION**

 \_\_\_\_ PICK UP BOX

 \_\_\_\_ DELIVER BOX

 (distribution day December 17th)

***APPLICATION DEADLINE IS DECEMBER 1st FOR CHRISTMAS***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MESSAGE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **HOUSEHOLD INFORMATION** |
| **Full Name** | **Relationship** | **Social Security Number** | **Birth Date** |
|  | *(Self)* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please list other family members on back of page if needed |

|  |
| --- |
| **TOTAL HOUSEHOLD INCOME** |
| **Type of Income** | **Received By** | **Employer/Business Name** | **Amount** | **How Often** |
| Employment (before taxes) |  |  | $ |  |
| Employment (before taxes) |  |  | $ |  |
| Food Stamps |  |  | $ |  |
| TANF |  |  | $ |  |
| Child Support |  |  | $ |  |
| Unemployment |  |  | $ |  |
| SSI or SSD or SSA |  |  | $ |  |
| VA Benefits |  |  | $ |  |
| Tribal Support |  |  | $ |  |
| **TOTAL HOUSEHOLD INCOME** | **$** |

I confirm that the above information is true and valid to the best of my knowledge and is subject to verification. I am aware that any fraudulent statements made in this application are legal grounds for denial of services.

I also understand that completion of this application does not automatically make a household eligible to receive a holiday package. Availability of holiday meals are based on donations received. A letter will be sent out to those households that will receive assistance, along with a certificate that will need to be turned in on distribution day to claim a dinner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date

 APPROVED BY STAFF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A Capital Area United Way Partner Agency***