**HOLIDAY MEAL PROJECT APPLICATION**

\_\_\_\_ PICK UP BOX

\_\_\_\_ DELIVER BOX

(distribution day November 19th )

***APPLICATION DEADLINE IS NOVEMBER 1st FOR THANKSGIVING***

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***