

# CHESTERFIELD-COLONIAL HEIGHTS CHRISTMAS MOTHER FAMILY APPLICATION

**Fill in all blanks (front and back) on this application. You will be notified (the week of Thanksgiving) by mail or email with the date to pick up your gifts. PLEASE PRINT NEATLY or your application may be denied.**

Resident of (Select One):     Chesterfield                       Colonial Heights  
 Race (Select One):     American Indian     Asian     Black/African American     Hispanic/Latino     White  
                                   Other     Not Stated

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_  
                                  **Last Name                      First Name                      MI                      MM/DD/YYYY**

Spouse/Co-Hab: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_  
                                  **Last Name                      First Name                      MI                      MM/DD/YYYY**

Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Do children reside with you? (Y/N) \_\_\_\_\_                      Are any of them grandchildren? (Y/N) \_\_\_\_\_**

**If any of these children are not yours, do you have legal custody and custody papers? (Y/N) \_\_\_\_\_**

Child's Name Last, First, MI	Gender F/M	Date of Birth MM/DD/YYYY	SSN or Tax ID #	Name of School Child Attends
1.				
2.				
3.				
4.				
5.				

**Monthly Income Before Taxes**

Your Employer: \_\_\_\_\_  
 Applicant's Wages: \_\_\_\_\_  
 Spouse/Co-Hab's Employer: \_\_\_\_\_  
 Spouse/Co-Hab's Wages: \_\_\_\_\_  
 SSI: \_\_\_\_\_  
 Other Sources (list): \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 TANIF: \_\_\_\_\_  
**TOTAL MONTHLY INCOME:** \_\_\_\_\_  
 Food Stamps (Amount Received): \_\_\_\_\_

**PRINT AND DELIVER TO  
 CHESTERFIELD COUNTY FAIRGROUNDS  
 (Vietnam Veterans Memorial Building)  
 on the following dates:  
 Sept 20, 21, or 23 between 9 AM and 4 PM  
 or  
 Sept 22 between 12 noon to 7 PM  
 for final approval**

I hereby give my consent for the Chesterfield-Colonial Heights Christmas Mother program to make any inquiries to determine my need for help and to share the information on this application with other charitable organizations. I have not and will not ask for help from any other organization for Christmas.

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

**WISH LIST FOR CHILDREN**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>	<b>Child 5</b>
<b>Child's First Name</b>					
<b>Gender</b>					
<b>Age</b>					
<b>Large Gift (Up To \$50)</b>					
<b>Small Gift (Less Than \$25)</b>					
<b>Small Gift (Less Than \$25)</b>					
<b>Pants Size</b>					
<b>Shirt/Blouse Size</b>					
<b>Shoe Size/Type</b>					
<b>Book suggestions (Please specify if Spanish books are preferred)</b>					

**Please Note: A Wish List item is not a guarantee you will receive the item**