CHESTERFIELD-COLONIAL HEIGHTS CHRISTMAS MOTHER SENIOR APPLICATION

PLEASE PRINT Fill in all blanks (front and back) on this application. You will be notified by mail or email 1) if you are approved and 2) when and where to pick up your gifts (the week of Thanksgiving). PLEASE WRITE NEATLY or your application may be denied. SENIORS are 62 years old and above. If you are a senior raising children under 18, please fill out the FAMILY form. We will require proof of guardianship.

Resident of (circle one): Chesterfield	Colonia	ll Heights			
Race (circle one): American Indian Asian	Black/A	frican American	Hispanic/Latino	White	
Other Not Stated					
Applicant:			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 i	#:		
City: Zip:					
Telephone: (Home) (C	Cell)		_		
(Email)	_				
Monthly Income Before Taxes					
Applicant's Wages	Your emp	oloyer:			
Spouse/Co-Hab WagesSocial Security Income	Spauco's amplayor:				
Social Security Income	Spouse's employer:				
TANIF					
Other Sources (list)		ID DELIVED TO OUE			
TOTAL MONTHLY INCOME	PRINT AND DELIVER TO CHESTERFIELD COUNTY FAIRGROUNDS (Vietnam Veterans Memorial Building) on the following dates: Sept 20, 21, or 23 between 9 and 4 or Sept 22 between noon to 7 PM for final approval.				
Food Stamps (Amount Received)					
I hereby give my consent for the Chesterfie make any inquiries to determine my need for application with other charitable organization other organization for Christmas. Signature:	or help a	and to share the ave not and will	information on t	this	
Date:					

WISH LIST FOR SENIOR

	FIRST NAME ONLY (PERSON 1)	FIRST NAME ONLY (PERSON 2)		
	(i = 110 = 11 = 7)	(* 21.5 51.5 2)		
GENDER				
AGE				
Large * GIFT (up to \$50)				
Small * GIFT (less than \$25)				
Small * GIFT (less than \$25)				
Pants size*				
Shirt/Blouse size*				
Shoe size/type*				
Underwear/Bra Size*				

^{*} Entering these fields does not mean you will receive this item.