

CHESTERFIELD-COLONIAL HEIGHTS CHRISTMAS MOTHER **FAMILY** APPLICATION

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

| | | |
|--|---|------------------------------------|
| Resident of: (Select one) <input type="checkbox"/> Chesterfield <input type="checkbox"/> Colonial Heights | Military/Veteran: (Y/N) _____ | Branch of Service: _____ |
| Race: (Select one) | <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Not Stated | |

| Applicant: Last Name | First Name | MI | DOB (MM/DD/YYYY) | SSN/Tax ID |
|----------------------|------------|----|------------------|------------|
| | | | | |

| Spouse/Co-Hab: Last Name | First Name | MI | DOB (MM/DD/YYYY) | SSN/Tax ID |
|--------------------------|------------|----|------------------|------------|
| | | | | |

| | |
|--|--------------------|
| Home Address: (number and street) | Apt./Lot #: |
| | |

| | |
|--------------|------------------|
| City: | ZIP Code: |
| | |

| | |
|-----------------------|---------------------------------------|
| Email Address: | Telephone: (Cell) XXX-XXX-XXXX |
| | |

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. | | | | |

DO YOU RECEIVE SNAP BENEFITS? YES _____ NO _____ **Comments:** _____

Monthly Income Before Taxes

Your Employer: \$ _____

Spouse/Co-Hab's Employer: \$ _____

TOTAL Household Income (including child support) \$ _____

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.

I consent to receive SMS notifications and alerts from Chesterfield-Colonial Heights Christmas Mother. You can reply STOP to unsubscribe at any time.

Signature: _____ Date: _____

WISH LIST FOR CHILDREN - Please Note: A Wish List item is not a guarantee you will receive the item

| | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 |
|---|---|---|---|---|---|
| Child's First Name Only <i>(No Last Name)</i> | | | | | |
| Gender/ Height/Weight | | | | | |
| Age | | | | | |
| Large Gift (Up To \$50) | | | | | |
| Small Gift (Less Than \$25) | | | | | |
| Small Gift (Less Than \$25) | | | | | |
| Clothing | <i>Please specify sizes - see examples:</i> | <i>Ex. Little Boys sz 5 Teen Boy - Men's sz L</i> | <i>Teen Girl - Junior sz 9 or Women sz 14</i> | <i>Infant size 6 mos. Toddler size 3T</i> | <i>For socks, ex. Boys 5/Ankle sock</i> |
| Pants Size <i>(Sweats, Jeans, Leggings)</i> | | | | | |
| Shirt/Blouse Size <i>(Color)</i> | | | | | |
| Sock Size/Type <i>(no-show, ankle, crew)</i> | | | | | |
| Shoe Size (opt.) <i>(Color)</i> | | | | | |
| Underwear/size/type <i>(Boxers, Briefs, Bikini)</i> | | | | | |
| Book suggestions | | | | | |