

# 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 the week of Thanksgiving when and where to pick up your gifts. 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.**

<b>Resident of:</b> (Select one)	<input type="checkbox"/> Chesterfield <input type="checkbox"/> Colonial Heights	<b>Military/Veteran:</b> (Y/N)	<b>Branch of Service:</b>
<b>Race:</b> (Select one)	<input type="checkbox"/> American Indian <input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <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 #:**

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**City:**

**ZIP Code:**

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**Email Address:**

**Telephone: (Cell) XXX-XXX-XXXX**

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**DO YOU RECEIVE SNAP BENEFITS? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Monthly Income Before Taxes**

_____ Applicant's Wages	<b>Comments:</b> _____ _____ _____
_____ Spouse/Co-Hab Wages	
_____ Social Security Income	
_____ <b>TOTAL MONTHLY INCOME</b>	

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 SENIOR**

**\* Entering these fields does not mean you will receive this item.**

	<b>FIRST NAME ONLY (PERSON 1)</b>	<b>FIRST NAME ONLY (PERSON 2)</b>			
<b>GENDER</b>					
<b>AGE</b>					
<b>Height/Weight</b>					
<b>Large * GIFT (up to \$50)</b>					
<b>Small * GIFT (less than \$25)</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>Underwear (Boxers/Briefs) /Bra Size*</b>					