## 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.

Resident of:	☐ Chesterfield		Milit	ary/Veteran:			Branch o	of			
(Select one)	☐ Colonial Heig	hts	(Y/N	)			Service:				
Race: (Select one)	☐ American Indian ☐ White	□ As	ian I Other	☐ Black/Afrid	can		can E ot Stated	l Hispanic/Latino			
Applicant: Last	Name	First Na	me		МІ	DOB:	MM/DD/YY	SSN/Tax ID			
Spouse/Co-Hab	: Last Name	First Na	me		МІ	DOB:	MM/DD/Y	SSN/Tax ID			
Home Address: (number and street)  Apt./Lot #:											
City:		ZIP Code:									
Email Address:		Telephone: (Cell) XXX-XXX-XXXX									
DO YOU REC	EIVE SNAP BENEFI	TS? Y	ES	NO							
Monthly Inco	ome Before Taxes										
	Comments:										
	TOTAL MONTHLY I	NCOME									
make any inc application w	quiries to determin	e my n e orga	eed f	or help and to	sh	nare t	he inform	Mother program to nation on this k for help from any			
Signature:											
Data											

## WISH LIST FOR SENIOR

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

	FIRST NAME ONLY (PERSON 1)	FIRST NAME ONLY (PERSON 2)		
GENDER				
AGE				
Height/Weight				
Large * GIFT (up to \$50)				
Small * GIFT (less than \$25				
Small * GIFT (less than \$25)				
Small * Gift (less than \$25)				
Pants size*				
Shirt/Blouse size*				
Underwear (Boxers/Briefs) /Bra Size*				