

# 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.

<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"/> 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/YY	SSN/Tax ID

Spouse/Co-Hab: Last Name	First Name	MI	DOB: MM/DD/YY	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/YY	SSN or Tax ID #	Name of School Child Attends
1.				
2.				
3.				
4.				
5.				

DO YOU RECEIVE SNAP BENEFITS?	YES _____ NO _____	Comments: _____
<b>Monthly Income Before Taxes</b>		
Your Employer:	\$ _____	_____
Spouse/Co-Hab's Employer:	\$ _____	_____
<b>TOTAL Household Income (including child support)</b>	<b>\$ _____</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. **Consiento recibir mensajes e alertas de SMS de Chesterfield-Colonial Heights Christmas Mother. Puede responder con STOP para dejar de recibir mensajes.**

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
<b>Child's First Name Only</b> (No Last Name)					
<b>Gender/ Height/Weight</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>Clothing</b>	<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>
<b>Pants Size</b> (Sweats, Jeans, Leggings)					
<b>Shirt/Blouse Size</b> (Color)					
<b>Sock Size/Type</b> (no-show, ankle, crew)					
<b>Favorite Color</b>					
<b>Underwear/size/type</b> (Boxers, Briefs, Bikini)					
<b>Book suggestions</b>					