

CHRISTMAS CHEER APPLICATION FORM

Please Note: Eligible applicants will receive a gift card to assist with purchasing required food during the holiday season. We are also hopeful that we will receive sufficient donations to be able to provide gift cards to help purchase toys/gifts for your children.

PLEASE SUBMIT YOUR APPLICATION FORM AS SOON AS POSSIBLE

Deadline Date for Applications: November 23, 2023

PRINT CLEARLY

| APPLICANT'S NAME: | |
|-------------------|--|
| TELEPHONE: | |
| | You must provide a phone number that you may be contacted at. This can be your own phone, or the number of a family member, friend or neighbour who can get in contact with you. |
| PHYSICAL ADDRESS: | |
| E-MAIL: | |

List all CHILDREN living at your address:

| NAME | RELATIONSHIP TO YOU | BOY/GIRL | AGE |
|------|------------------------|----------|-----|
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| APPLICANT'S NAME: | |
|---------------------------------|---|
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Financial

APPLICANT income per month from all sources:

| MONTHLY INCOME | | MONTHLY EXPENSES (personal loans not included in expenses) | |
|--------------------------------|----|--|----|
| Employment | \$ | Rent | \$ |
| Child Tax Benefit | \$ | Hydro | \$ |
| Assistance (i.e. Ont. Works) | \$ | Telephone/Cell | \$ |
| Pension (i.e. Disability, CPP) | \$ | Cable | \$ |
| Child Support | \$ | Groceries | \$ |
| Other | \$ | Heat | \$ |
| | \$ | Transportation (fuel, taxi) | \$ |
| TOTAL | \$ | TOTAL | \$ |

(Applications with incomplete Income and Expenses will NOT be considered)

List all ADULTS living at your address:

| Name | Relationship | List place of Employment or | Total Income |
|-------|--------------|--------------------------------|------------------|
| Name | to You | Source of Financial Assistance | from all sources |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL | | | \$ |

Total Combined Income:

| | Include totals from applicable chart above. |
|-------------------------------|---|
| APPLICANT | \$ |
| ADULTS living at your address | \$ |
| COMBINED TOTAL | \$ |

I certify that the information provided on this application is true and correct. I also understand that my application will be reviewed by the Christmas Cheer Selection Committee to determine eligibility. The Committee is comprised of staff of the Community Support Centre-NW and community volunteers.

| APPLICANT SIGNATURE: | | Date: |
|--------------------------------|--------------------------|---|
| Completed applications may be: | Faxed to: Emailed to: | 807-223-8370 cheer@csc-nw.com |
| | Mailed to: | Community Support Centre-NW 53 Arthur Street Dryden, ON P8N 1J7 |
| | or dropped of | f in the <i>Cheer Drop Box</i> at the above address |

Eligible applicants will be notified by phone or email. Pick-up information will be provided at that time.

Incomplete applications will NOT be considered.

| Verification: (Office Use Only) Date: | Initial: |
|--|----------|
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