

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 22, 2024**

**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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)**

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

**List all ADULTS living at your address:**

I 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 other community service providers.

By signing below or by typing my name in the signature line, I am verifying that all of the information in this application is true and accurate. I understand and agree that my electronic signature is equivalent to my handwritten signature on this document.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed applications may be: Faxed to: 807-223-8370

 Emailed to: cheer@csc-nw.com

 Mailed to: Community Support Centre-NW

 53 Arthur Street

 Dryden, ON P8N 1J7

 or dropped off in the *Cheer Drop Box* 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.