

# 2022 GOOCHLAND CHRISTMAS MOTHER PROGRAM APPLICATION

App #

APPLICANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## ALL OTHER ADULTS (do not include applicant) LIVING IN HOUSEHOLD WHO ARE 18 YEARS & OLDER:

	Last name	First name	Initial	Age	School attending	Relation to applicant
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

## ALL CHILDREN: LIVING IN HOUSEHOLD WHO ARE 17 YEARS & YOUNGER:

	Last name	First name	Initial	Age	School attending	Relation to applicant
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Are these your children? \_\_\_\_\_ Do they reside with you? \_\_\_\_\_ If not, do you have legal custody papers: \_\_\_\_\_

### MONTHLY INCOME:

Applicant wages: \$ \_\_\_\_\_ Unemployment for: \_\_\_\_\_ \$ \_\_\_\_\_  
Wages for: \_\_\_\_\_ \$ \_\_\_\_\_ Child support for: \_\_\_\_\_ \$ \_\_\_\_\_  
Wages for: \_\_\_\_\_ \$ \_\_\_\_\_ Other income for: \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security for: \_\_\_\_\_ \$ \_\_\_\_\_ Other income for: \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security for: \_\_\_\_\_ \$ \_\_\_\_\_ SSI for: \_\_\_\_\_ \$ \_\_\_\_\_  
Snap Benefits: Yes or No (circle one) TOTAL INCOME: \$ \_\_\_\_\_

SPECIAL NEEDS (diabetic or low sodium, etc) \_\_\_\_\_

INFORMATION RELEASE: I HEREBY AUTHORIZE THE GOOCHLAND CHRISTMAS MOTHER PROGRAM TO VERIFY ANY INFORMATION PROVIDED ON THIS APPLICATION. I HEREBY GIVE THE GOOCHLAND DEPT OF SOCIAL SERVICES PERMISSION TO RELEASE TO THE CHRISTMAS MOTHER PROGRAM ANY INFORMATION CONTAINED IN ITS RECORDS INCLUDING BUT NOT LIMITED TO THE INCOME OF THE ABOVENAMED INDIVIDUALS. I UNDERSTAND ANY FRAUDULENT INFORMATION GIVEN ON THIS APPLICATION MAY LEAD TO DENIAL OF MY APPLICATION. APPLICANTS UNDER THE INFLUENCE OF DRUGS OR ALCOHOL OR THOSE USING INAPPROPRIATE ABUSIVE LANGUAGE MAY BE REFUSED SERVICES.

SIGNATURE: \_\_\_\_\_ Dated: \_\_\_\_\_

APPLICATION TAKEN BY: \_\_\_\_\_ Dated: \_\_\_\_\_