

CLUB USE ONLY- TRACKING NUMBER

**2023 ELLIJAY LIONS CLUB
WHITE CHRISTMAS APPLICATION**

The goal of White Christmas is to provide children who might not otherwise have a Christmas, with presents to open. Due to funding limitations & merchandise availability, we can not guarantee that children will receive the items requested. Appropriate substitutions will be made as necessary.

All applications must be fully completed. Incomplete applications will NOT be considered. ALL APPLICANTS MUST PROVIDE APPROVED PHOTO IDENTIFICATION AND SOCIAL SECURITY CARDS. NO ACCEPTIONS. The 2023 White Christmas program WILL NOT provide the following items....ELECTRONICS (INCLUDING BUT NOT LIMITED TO IPODS, GAMEBOYS, WII'S, CD PLAYERS, DVD PLAYERS, CELL PHONE, ET). The age limit is birth to 15 years of age. Please provide accurate sizes for coats. Children receiving as

sistance MUST be full time residents at the address on the applications. Adults making the applications MUST be the childs legal parent or legal guardian by the court system of Gilmer County. Any false or misleading information will result in disqualification from the program.

Applicant authorizes release of any of the in formation on this application, including social security number (s) to any participant in the Charity Tracker Assistance Network, maintained by Faith, Hope, and Charity Recycle Store, Inc. of which Ellijay Lions Club is a participant

[Empty rectangular box]

| | | |
|----------------------------------|--------------------|-----------------|
| PARENT OR LEGAL GUARDIAN: | | |
| FIRST: | MIDDLE | LAST |
| SPOUSE NAME FIRST | MIDDLE | LAST |
| ADDRESS: | P.O.BOX | |
| DATE OF BIRTH: | SS# | OTHER ID |
| HOME PHONE: | CELL PHONE: | |
| APPLICANTS SIGNATURE: | | |

CIRCLE ONE: EMPLOYED UNEMPLOYED LAID OFF STUDENT DISABLED RETIRED

DATE: _____

NAME OF EMPLOYER _____

SPOUSE'S EMPLOYER _____

| MONTHLY INCOME | YOU | SPOUSE | OTHER | MONTHLY EXPENSE | YOU | SPOUSE |
|--------------------|-----|--------|-------|--------------------|-----|--------|
| SALARY | | | | RENT | | |
| UNEMPLOYMENT | | | | ELECTRIC | | |
| CHILD SUPOORT | | | | GAS | | |
| FOOD STAMPS OR WIC | | | | WATER | | |
| SS DISABILITY | | | | PHONE/ CELL | | |
| SS INCOME | | | | CAR INS CAR PMT | | |
| OTHER ONCOME | | | | CHILD SUPPORT | | |
| | | | | LOAN PMT | | |
| | | | | CREDIT CARD | | |
| | | | | PROBATION FEES | | |
| | | | | OTHER | | |

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LIST ALL PEOPLE THAT LIVE AT YOUR ADDRESS

| NAME | DOB | A G E | RELATION SHIP | COAT SIZE | LIKES |
|------|-----|-------------|------------------|--------------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 14 | | | | | |