

OFFICE USE ONLY: Applicant's Last Name _____ # in Household _____ Application # _____
 The Salvation Army Rep. (checking application) _____ Date _____

All information contained below must be accurate and truthful. I understand that if I falsify and information that I will be disqualified from receiving Christmas assistance from One Stop Christmas. I understand that I may only apply for and receive Christmas assistance from one agency in Sangamon County. Applications will be verified through AngelWeb database. Applying at multiple organizations will disqualify applicant from One Stop Christmas.

ALL INFORMATION IS REQUIRED

PLEASE PRINT

APPLICANT'S FIRST NAME _____ LAST _____ DOB _____ LAST 4 OF SS# _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 PHONE _____ MARITAL STATUS: Married / Separated / Divorced / Widowed/Single EMAIL _____

Names of Others in Household 18 and older

NAME: _____ M/F DOB: _____ NAME: _____ M/F DOB: _____
 NAME: _____ M/F DOB: _____ NAME: _____ M/F DOB: _____

Children in Household Age 17 and younger VERIFICATION OF AGE REQUIRED

NAME	LAST 4 OF SS#	DOB	M/F	RELATIONSHIP	Gift Suggestions

Verification of Public Assistance required. (DHS approval letter, Link/Medicaid, Sec 8, Unemployment, SSI, TANF, LiHeap WIC, etc.

TANF _____ SSI/SSD _____ CHILD SUPP _____ UNEMP _____ WAGES _____ SNAP _____ OTHER _____

By signing this form, I verify that all information is truthful and correct. I have read and agree with the above information.

Applicant's Signature _____ Date _____