



**KIDS · YULE  
L · O · V · E**

**KYL Use Only – Family #** \_\_\_\_\_

**Application**

**Parent/Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gross Yearly Income: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Have you applied for assistance at any other agency & if so where? \_\_\_\_\_

Have you been assisted by Kids Yule Love before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Would you like an adult Bible for yourself? \_\_\_\_\_ Email address: \_\_\_\_\_

**Children's Information**

<b>Child's Name</b>	<b>DOB</b>	<b>Social Security #</b>	<b>Relation to You</b>

<i>KYL Use Only - Ready to call for pickup</i>	Yes _____
<i>Duplication with another agency:</i>	Yes _____ No _____
<i>Notes</i> _____	

By signing below you are stating that all of the above information is true and accurate:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_