



2020 Application

KYL Use Only – Family # _____

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

Child's Name	DOB	Social Security #	Relation to You

<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: _____