



HOLIDAY DEPOT OF LAPEER

APPLICATION FOR ASSISTANCE

Providing Holiday Joy to Lapeer County!

APPLICANTS MUST LIVE IN LAPEER COUNTY

Date : _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ ZIP _____

Email: _____ Cell Phone: _____

Township: _____ Message Phone: _____

School District _____ Post Office Box: _____

Total Number of People Residing at Address (whether they want help or not): _____

Provide information for all people residing at the address below.

Name	Age	Gender	Veteran	BC/SS	Provide gift idea in amount of \$50 or less or write 'nothing'

Note: A birth certificate or social security card must be attached for each child requesting assistance.

Does an adult in the home speak English? _____ Name: _____

Has anyone in this household filled out an application for holiday assistance elsewhere? _____ Is there other income in the home? _____

Are you requesting a food basket? _____

Has anyone in this household filled out an application for holiday assistance elsewhere? If yes, please explain.

Is there other income in the home? Please explain.

Does your family have special needs? If so, please explain.

Will your family be in Lapeer County for Christmas? _____

Do you have a current DHS case? If so, provide Case # and dates covered below. Also attach DHS letter.



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FINANCIAL INFORMATION

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If employed, provide name of employer and when last worked below.

Do you receive MSHDA? If so, please provide amount MSHDA paid, amount applicant pays, WIC amount and Bridge Card amount below.

If you do not have a DHS case, provide fill out your income below and attach thirty days proof of income to this application.

Income Source Amount Monthly Notes (If required)

SSI/Social Security		
Wages from Employment		
Unemployment		
Child Support		
Pension		
Self Employment		
Veteran's Benefits		
Student Loan/Grants		
Other Income		
TOTAL (Office Use Only)		

If you do not have a DHS case or income, how does your family support itself? Please explain below.

By submitting this application, I give Holiday Depot permission to release or obtain any information regarding this application to/from community donors or coordinating agencies. I understand giving false information may result in not receiving assistance. Applying does not guarantee I will receive help.

Holiday Depot will not discriminate on the basis of race, gender, religion, age, national origin, height, weight, marital status, political beliefs, or disability. Thank you for applying.

Signature: _____