HOLIDAY DEPOT OF LAPEER

APPLICATION FOR ASSISTANCE

Providing Holiday Joy to Lapeer County!

APPLICANTS MUST LIVE IN LAPEER COUNTY

OFFICE USE ONLY

DATE REVIEWED: _____
DATE INTERVIEWED: _____
ASSIGNED GIFTS# _____
FOOD ASSIGNED: _____

Date : _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: ◯ Male ◯ Female

Address: _____ PO Box: _____

City: _____ State: _____ ZIP _____

Email: _____ Cell Phone: _____

Township: _____ Message Phone (must be different number): _____

School District Child Attends: _____

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 for each child living in the home full time must be available at intake.

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

Are you requesting a food basket? _____

810.834.7507 lapeerholidaydepot.com info@holidaydepotlapeer.org

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FINANCIAL INFORMATION

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

Is there other income in the home? Are there other households living in the home? Please explain.

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

Will your family be in Lapeer County for Christmas? _____

If unemployed, provide name of past 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.

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

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)

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: _____

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