



Hodgenville Police Department Hanging with Heroes Application

Name _____

Phone#: _____ Cell#: _____

Address: _____

Social Security Number: _____

Please list children grades K-6th:

Name	Age	Sex	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark all sources of income that belongs to you and bring all supporting documentation.

Monthly Income: \$ _____ Sources: Wages \$ _____ K-Tap \$ _____

SSI: \$ _____ Child Support: \$ _____ Other: \$ _____ Food Stamp: Yes/No

I verify that the above information is correct. I understood that the application will be reviewed by potential sponsors, and my application may NOT be chosen for the assistance. I understand that not all of my children may be qualified because of age limit/funding of this program. I give the City of Hodgenville permission to release the above information for this purpose. Application deadline is December 12th, 2022, at 2:30 pm.

NO APPLICATIONS WILL BE ACCEPTED AFTER DEADLINE

If you have any questions, email PSW Taylor-Garrett at btaylor@cityofhodgenvilleky.com.