



DerryCommunity Fund

P.O. Box 1983
Derry, NH 03038
DNHCF1@gmail.com
www.DNHCF.org

The **2021** Holiday Season will be here soon! Please **save this top sheet** for future reference. It is our hope that the Derry Community Fund (DCF) will be able to offer some assistance to your family during this holiday season. We will once again provide **Food** for Thanksgiving, and **Toys** for Christmas, for families with children ages 17 and under.

Note: Please plan to attend the distribution dates below.
You will **only be notified** by the DCF if we have questions regarding your application.

___ ***Please mail** in this application to the above DCF address: **NO Later than October 31, 2021.**

(Or you can drop it off at Marion Gerrish Community Center thrift store). One application is sufficient for both Holidays.

After Thanksgiving we will still accept applications until **December 1st** for Holiday Shopping.

___ ***Please include** a copy of **SSI/SSDI/SS/Food stamps/Housing/Child support/Welfare/Unemployment**. If you are working full/part time, please provide a copy of **two (2) recent pay stubs** from **each adult** working in the household.

___ ***A photo ID** will be **required** when you visit us at the **Marion Gerrish Community Center** for distribution.

We look forward to seeing you at the
Marion Gerrish Community Center 39~ West Broadway, Derry NH 03038

Thanksgiving Food Pick up will take place on: **Friday November 19th** 4 pm - 7 pm
OR **Saturday, November 20th** 9 am - 11 am

Christmas Shopping will take place on: **Friday, December 17th** 12 pm - 6 pm
OR **Saturday, December 18th** 9 am - 11 am

Note: If your family has been accepted by another organization, the DCF will not be able to provide Christmas shopping for your family.

Happy Holidays!
Judy, Kristie, Teri, Susan, Alicia





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Dear DCF Applicant:

Our main line of communication to you is via telephone. If you move or your circumstances change please let us know by via email(above address) as soon as you can, so we can contact you during the entire Holiday Season. If we do not have the correct information we will not be able to contact you. Assistance is based on case by case basis. Please use the **checklist** below to help ensure all your information is complete.

Please provide a copy of:

- ___1. A copy of your most recent utility bill as proof of residency. We will not send back originals, therefore copies are preferred. (Example: Phone, Cable, Gas, Oil, or Electric bill)
- ___2. A copy of your most recent **photo ID** with your current address on it
- ___3. If you are working full/part time, please provide a copy of **two (2) recent pay stubs** from **each adult** working in the household. Complete all sections below.
- ___4. A copy of **SSI/SSDI/SS/Food stamps/Housing/Child support/Welfare/Unemployment**.

SECTION A:

Please tell us about yourself:

Last name: _____ First name: _____

Current street address: _____ Apt. # _____

Town/State: _____ Phone number: _____

Alternate phone: _____ Email: _____

(We periodically email a newsletter, helpful hints, and Community Fund updates. We do not share your email address.)

Marital Status: Single___ Married ___ Divorced/Separated ___ Elderly 65+(only)___ Veteran___

SECTION B:

Please tell us about anyone living in the home including yourself:

Name	Age	Gender

If you need additional space please note in Section E. _____ Check if additional in Section E.

SECTION C:

Please write a little about yourself and your need for assistance:

If you are being serviced by another agency please tell us who _____

IF your family has been accepted by another organization for Christmas, The DCF cannot offer Christmas shopping.

Please check one or both below:

Do you require assistance for **Thanksgiving** ___ **Christmas** ___ (**children 17 & under ONLY**)

SECTION D:

Income:

Household income from **employment** only: _____ PT/FT

Additional income:

Child support: _____/month Welfare/TANF: _____/month Food Stamps: _____/month
SSI/SSDI/SS: _____/month Unemployment: _____/month Other: _____/month

Expenses:

What are your **essential** monthly expenses?

Rent/Mortgage: _____/month; Medical: _____/month Heat/fuel: _____/month;
Food: _____/month Childcare: _____/month

Other essential expenses:

I have answered the above statement truthfully and I understand that any misrepresentation or false information will affect my eligibility for aid. I understand that this information may be shared with other participating community organizations. I understand it is to the sole discretion of the Derry Community Fund to approve or deny services.

Applicant's signature: _____ Date: _____

SECTION E:

Name	Age	Gender