REDFORD TOWNSHIP GOODFELLOWS -- APPLICATION

Date:

LAST NAME **GF NUMBER**

ADDRESS FIRST NAME DATE OF BIRTH

HOME PHONE # NAME OF SPOUSE OR SIGNIFICANT OTHER DATE OF BIRTH

WORK OR OTHER PHONE #

MARITAL STATUS: SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW(ER) ☐

LIVING WITH:_____

NAME - LIST ALL ADULTS LIVING IN HOME (RELATIVE(S), FRIENDS, ETC)

CHILDREN - LIST NAMES OF ALL SCHOOL AGE CHILDREN LIVING WITH YOU (LIST LAST NAME IF DIFFERENT FROM PARENTS).
INFANTS TO HIGH SCHOOL AGE ARE ELIGIBLE. YOU MUST HAVE BIRTH CERTIFICATES AND/OR PROOF OF GUARDIANSHIP.

CHILDREN'S NAME	AGE	MALE/FEMALE	SCHOOL ATTENDING	GRADE

APPLICANT'S EMPLOYER_____
LENGTH OF EMPLOYMENT _____

SPOUSE/SIGNIFICANT OTHER'S EMPLOYER_____
LENGTH OF EMPLOYMENT _____

IF UNEMPLOYED HOW LONG?_____
SOURCE OF SUPPORT_____

IF LAID OFF: HOW LONG ?_____ FROM WHERE?_____
DID YOU RECEIVE A BUY OUT DURING THE PAST YEAR? YES ☐ NO ☐
IF YES - AMOUNT

DO NOT WRITE BELOW THIS LINE.

~~INVESTIGATOR'S NAME~~ _____ ~~APPROVED~~_____ ~~DENIED~~

REASON FOR DENIAL: INCOME TO HIGH INCOMPLETE APPLICATION NOT REDFORD RESIDENT

FOOD BASKET FOOD/TURKEY CERTIFICATE CLOTHING CERTIFICATE TOYS OTHER

ASSETS

VEHICLE #1	YEAR /MAKE	$ PRESENT VALUE
VEHICLE #1	YEAR /MAKE	$ PRESENT VALUE
BANK/FINANCIAL	PRESENT BALANCE	

OTHER PROPERTY SUCH AS REAL ESTATE, BOATS, SNOWMOBILES, ETC.

SOURCE OF MONTHLY INCOME
FOR ALL MEMBERS OF THE HOME INCLUDING CHILDREN

		SIGNIFICANT OTHER	CHILD	CHILD	CHILD	OTHER ADULTS
GROSS MONTHLY INCOME	$	$	$	$	$	$
UNEMPLOYMENT	$	$	$	$	$	$
RETIREMENT/PENSION	$	$	$	$	$	$
SOCIAL SECURITY	$	$	$	$	$	$
CHILD SUPPORT	$	$	$	$	$	$
ALIMONY/MAINTENANCE	$	$	$	$	$	$
DISABILITY	$	$	$	$	$	$
VETERAN'S BENEFITS	$	$	$	$	$	$
INTEREST/DIVIDENDS	$	$	$	$	$	$
Food & Housing Asst		$	$	$	$	$
TOTAL FOR EACH PERSON	$	$	$	$	$	$

TOTAL FOR HOUSEHOLD $

MONTHLY EXPENSES

RENT/MORTGAGE: $
UTILITIES: LIGHTS, HEAT, WATER: $
TOTAL MONTHLY CAR PAYMENTS: $
OTHER LOAN PAYMENTS:
CHILD SUPPORT/ALIMONY: $
MEDICAL PAYMENTS: $
OTHER DEBTS: $
TOTAL MONTHLY EXPENSES: $

Amount Section 8 Pays:

Are you or your significant other a veteran?

☐ Yes ☐ No

HAVE YOU APPLIED TO ANY OTHER ORGANIZATION, CHURCH, OR AGENCY FOR CHRISTMAS HELP?

YES ☐ NO ☐

IF YES, NAME OF ORGANIZATION/AGENCY WHERE YOU APPLIED:_____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE & CORRECT & THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO BE DISQUALIFIED FROM RECEIVING GOODFELLOW ASSISTANCE.

SIGNATURE:_____