REDFORD TOWNSHIP GOODFELLOWS -- SENIOR APPLICATION

DATE_____

_____ _____

LAST NAME NUMBER

_____

ADDRESS

_____ _____

FIRST NAME DATE OF BIRTH

MARRIED ☐ SEPARATED ☐ SINGLE ☐ DIVORCED ☐ WIDOW(ER) ☐

_____

HOME PHONE # _____ SPOUSE OR SIGNIFICANT OTHER

WORK OR OTHER PHONE # _____

PLEASE LIST ALL ADULTS AND CHILDREN LIVING IN THE HOME:

NAME	AGE	MALE/FEMALE	IF CHILD- SCHOOL ATTENDING IF ADULT-PLACE OF EMPLOYMENT	GRADE

APPLICANT'S EMPLOYER_____ IF RETIRED CHECK HERE ☐

IF LAID OFF: HOW LONG_____

ALL EMPLOYED HOUSEHOLD MEMBERS AND MONTHLY INCOME

(INCLUDE ALL EMPLOYED MEMBERS AT THIS HOME INCLUDING STUDENTS) NAME OF HOUSEHOLD MEMBER	SOURCE OF MONTHLY INCOME			TOTAL MONTHLY INCOME
	CHILD SUPPORT, WELFARE, ALIMONY	RETIREMENT, PENSION, S.S.	OTHER SOURCES (EMPLOYMENT)	
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

LIST OTHER DEBTS PAID BY YOU:

UTILITIES: LIGHTS, HEAT, WATER: $_____

RENT/MORTGAGE: $_____

OTHER DEBTS: $_____

TOTAL MONTHLY CAR PAYMENT: $_____

TOTAL MONTHLY BILLS: $_____

CARS: LIST ALL CARS OWNED OR LEASED:

MAKE _____ YEAR _____ MON PYMT $_____

MAKE _____ YEAR _____ MON PYMT $_____

Do you receive Section 8 or any other housing assistance?

☐ Yes ☐ No

If yes, amount received: _____

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 MISREPRESENTATION OF ANY INFORMATION MAY SUBJECT ME TO BE DISQUALIFIED FROM RECEIVING GOODFELLOW ASSISTANCE. SIGNATURE:_____

DO NOT WRITE BELOW THIS LINE.

INVESTIGATOR'S NAME _____ APPROVED_____ DENIED_____

REASON FOR DENIAL: INCOME TOO HIGH_____ INCOMPLETE APPLICATION _____ NOT REDFORD RESIDENT _____

FOOD BASKET	FOOD/TURKEY CERTIFICATE	CLOTHING CERTIFICATE	TOYS	OTHER