

▼ READ and SIGN CONSENT before completing this application ▼

I HAVE NOT and WILL NOT ask for Christmas help from ANY other organization. I certify that all the information I provided in this application is accurate, and I understand that it may be verified with other organizations assisting families at Christmas. I also give consent to the Henrico Christmas Mother to make inquiries of Social Services or other agencies to verify my information. I give consent to Henrico County Public Schools to release to the Henrico Christmas Mother my child's enrollment status. I agree to assume full responsibility for all aspects of my participation in the Henrico Christmas Mother Program and release Henrico Christmas Mother from any damages which I may sustain thereby.

► Date: _____ Signature: _____ ◀

Your Name: _____ DOB: _____ SSN (Last 4): _____
(Last Name) (First Name) (MI) MM/DD/YYYY

Address: _____ Apt #: _____ City/County: _____ Zip: _____

Phone: _____ Email: _____

Proof of Henrico Residency:

Office Use Only

List Below Other Adults in the Household:

	Last Name	First Name	Date of Birth	Age	Sex	Relationship to You	His/Her SSN (last 4)
#2	_____	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____	_____

▼ Are the children listed yours? _____ If not, do you have custody? _____ Are any from Foster Care? _____ ▼

List of Children Living with You

	Last Name	First Name	Sex F/M	Date of Birth	Age	SSN (Last 4)	Name of Current School	SSN	BC
1.								<input type="checkbox"/>	<input type="checkbox"/>
2.								<input type="checkbox"/>	<input type="checkbox"/>
3.								<input type="checkbox"/>	<input type="checkbox"/>
4.								<input type="checkbox"/>	<input type="checkbox"/>
5.								<input type="checkbox"/>	<input type="checkbox"/>
6.								<input type="checkbox"/>	<input type="checkbox"/>

▼ GROSS MONTHLY INCOME (before taxes) ▼

Income Type	Monthly	Employer or Caseworker	Phone #	For Office Use Only
Your Wages	\$ _____			Ck. Stub:
Adult #2 Wages	\$ _____			Ck Stub:
Adult #3 Wages	\$ _____			Ck Stub:
Social Security	\$ _____			For Whom:
Disability (SSI)	\$ _____			Person Disabled:
Child Support	\$ _____			Name of Child:
Other Income	\$ _____			From:
TOTAL	\$ _____			
TANF Amount	\$ _____			Verification:
SNAP Amount	\$ _____			Verification:

▼ EXPLAIN ANY SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO KNOW ABOUT: