

▼ **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: \_\_\_\_\_ Sex: \_\_\_\_\_

*For the 2 questions below, please circle all that apply. Note that answering will not affect eligibility. You are not required to answer.*

Race/Ethnicity:

White Black/African American Latino or Hispanic Asian Native American Other (specify) \_\_\_\_\_ Prefer not to say

Primary Language:

English Spanish Arabic Other (specify) \_\_\_\_\_ Prefer not to say

Proof of Henrico Residency:

Office Use Only

**List Below Other Adults in the Household:**

Last Name	First Name	Sex	Date of Birth	Age	SSN (Last 4)	Relationship to you	SSN
1							<input type="checkbox"/>
2.							<input type="checkbox"/>

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

**List of Children Living with You**

(office use)

Last Name	First Name	Sex	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"/>

List Additional Children Living with You on a separate Application Form

▼ **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:
Social Security	\$			For Whom:
Disability (SSI)	\$			Person Disabled:
Other Income	\$			From:
<b>TOTAL</b>	\$			
(circle applicable) TANF/SNAP Amt	\$			Verification:

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

**APPLICATION FORMS WILL NOT BE ACCEPTED VIA MAIL OR EMAIL**