

TICKET # _____ (to be completed by staff only)

William Hall Rodgers Christmas Food Basket Application

Name (Head of Household): _____ Last 5 digits of Social Security #: _____ Birthdate: _____

Employed Self-Employed Retired Disability Income \$ _____ (Please circle: weekly, bi-weekly, monthly)

Name (Spouse): _____ Last 5 digits of Social Security #: _____ Birthdate: _____

Employed Self-Employed Retired Disability Income \$ _____ (Please circle: weekly, bi-weekly, monthly)

Current Address: _____ State _____ Zip Code _____

Phone Number: _____ Cell Home Work Total Number in Household: _____

LIST ALL OTHER MEMBERS OF HOUSEHOLD NOT LISTED ABOVE

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
| | | |
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MONTHLY EXPENSES

Mortgage, Rent, Extended Stay, or Other (please circle one) \$ _____

Housing Choice/Section 8 \$ _____ If other, please explain: _____

Landlord/Property Manager: _____ Medications: \$ _____

Electricity, Water, Gas, Propane (please circle all that apply): \$ _____

Any other expenses and amounts: _____

SOURCES OF OTHER INCOME (if not addressed above)

Families First \$ _____ Social Security \$ _____ Disability \$ _____ SSI \$ _____

VA Benefits \$ _____ Workman's Comp \$ _____ Unemployment Comp \$ _____ WIC \$ _____

SNAP/Food Stamps \$ _____ Utilities Allowance \$ _____ Housing Allowance \$ _____

Signed _____ Date: _____

TRADUCCIÓN AL ESPAÑOL EN EL OTRO LADO