

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

### 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: \_\_\_\_\_

Do you consent to participate in the Unite Us Network? \_\_\_\_\_ Yes \_\_\_\_\_ No