Love Foundation
Breaking Cycles. Restoring Lives.

Family Number:

CHRISTMAS Assistance Application

Helping Make Christmas Brighter for Local Families

Together we can make a difference!!

IMPORTANT INFORMATION

Not Automatic — Completing and submitting this application **does not automatically approve a family for Christmas assistance.** Applications are reviewed for eligibility and are subject to available resources.

3-Year Rule — Families must wait 3 years from the date of their last Christmas assistance application with Love Foundation before applying again.

Notify Us — If you are accepted into another Christmas assistance program, you must notify Love Foundation immediately.

Documentation — All required documentation must be submitted with this application. Incomplete applications will not be considered.

Our goal is to support families in need and help make Christmas a little brighter for local children!

APPLICANT INFORMATION

It's the season of hope!

Full Name (Parent/Guardian): _____ Date of Birth: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

MAILING ADDRESS (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Method of Contact: ☐ Phone ☐ Text ☐ Email

How did you hear about the Love Foundation Christmas Assistance Program?

☐ Social Media ☐ School ☐ Community Partner ☐ Friend/Family ☐ Other: _____

Every Child Deserves a Merry Christmas

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Stronger Families Brighter Tomorrows

HOUSEHOLD INFORMATION

Total number of people living in the home (including adults and children): _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are you a veteran? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If yes, where do you work? _____

HOUSEHOLD INCOME

Please list all sources of household income.

Source (i.e. employment, child support, SSDI, etc.)	Amount	How Often (Weekly/Bi-Weekly/Monthly)

STATE ASSISTANCE / BENEFITS

Please check all that apply.

☐ SNAP (Food Stamps) ☐ TANF (Cash Assistance) ☐ Medicaid ☐ SSI ☐ WIC

☐ Section 8 / Housing Assistance ☐ Unemployment ☐ Child Support ☐ Other: _____

ADDITIONAL INFORMATION

Please tell us about your current need and why you are requesting Christmas assistance (this information helps us understand your family's situation):

Is there any additional information you would like us to know?

Together We Can Make a Difference

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CHILDREN IN THE HOME

Please list up to 8 children living in the home who are requesting Christmas assistance.

#	Child's Full Name	Date of Birth	Age	Gender (M/F)	Clothing Size	Shoe Size	Gift Ideas / Interests (i.e. toys, clothes, books, etc.)
1							
2							
3							
4							
5							
6							
7							
8							

Small Acts Make a Big Difference!

SIBLINGS NOT LIVING IN THE HOME

Are there any additional children (biological, step, or foster) that do not live in your home but you would like to be considered? ☐ Yes ☐ No

If yes, please list their name(s), age(s) and relationship to you:

REQUIRED DOCUMENTATION

The following documentation is required and must be submitted with this application. Incomplete applications will not be considered.

- ☐ Proof of household income (e.g. recent pay stubs, employer letter, Social Security award letter, etc.)
- ☐ Proof of all state assistance/benefits received (e.g. SNAP, TANF, Medicaid, WIC, SSI, unemployment, etc.)
- ☐ Photo ID of applicant (driver's license, state ID, etc.)
- ☐ Proof of residence (e.g. utility bill, lease agreement, etc.)
- ☐ Birth certificates for all children listed on this application
- ☐ Any other documentation that may be requested

Thank you for providing the required documentation. It helps us serve families fairly and efficiently!

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Hope Changes Everything!

OTHER CHRISTMAS ASSISTANCE PROGRAMS

Have you applied for or do you plan to apply for assistance from any other organization this Christmas? ☐ Yes ☐ No

If yes, please list the organization(s): _____

IMPORTANT REMINDERS

- Completing this application **does not automatically approve** a family for Christmas assistance.
- Families **must wait 3 years** from the date of their last Christmas assistance application with Love Foundation before applying again.
- If you are accepted into another Christmas assistance program, you must notify Love Foundation immediately.

HOW DID YOU HEAR ABOUT US?

☐ Social Media ☐ School
☐ Community Partner ☐ Friend/Family
☐ Previous Applicant
☐ Other: _____

AGREEMENT & CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false information, misleading information, or withholding information may result in denial of this application and may affect my eligibility for future assistance through Love Foundation.

I understand that completing this application does not guarantee approval or Christmas assistance. I also understand that families must wait 3 years from the date of their last Christmas assistance application with Love Foundation before applying again.

If I am accepted into another Christmas assistance program, I agree to notify Love Foundation immediately.

Applicant Signature: _____

Date: _____

ADDITIONAL COMMENTS

Please share any additional information you would like us to know:

_____

Together We Can Make a Difference

♥ *Thank you for allowing us the opportunity to serve your family!* ♥

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RELEASE AND AUTHORIZATION

I give permission for Love Foundation to verify any information provided in this application. I understand that this may include contact with other agencies, review of documents, and/or follow-up communication.

I understand that providing false information, or withholding information, may result in denial of this application and may affect my eligibility for future assistance through Love Foundation.

I also understand that completing this application does not guarantee approval or Christmas assistance. Assistance is based on eligibility and available resources.

I certify that all information provided in this application is true and complete to the best of my knowledge.

Kindness Makes Christmas Brighter

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Application Status: ☐ Approved ☐ Denied ☐ Pending Date Notified: _____

Notes:

Together, we can bring hope, joy and a little more magic to local families this Christmas!

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