

Love Foundation

Easter Assistance Application – 2026

Serving Lake & Geauga Counties

SECTION 1: Parent / Guardian Information

Parent/Guardian Full Name:

Phone Number:

Email Address:

Street Address:

City:

Zip Code:

County: Lake County Geauga County

SECTION 2: Household Information

Total number of people living in household:

Receiving assistance (check all that apply):

SNAP WIC Medicaid SSI/SSDI
Unemployment None Other:

Brief explanation of hardship:

SECTION 3: Child(ren) Information (Up to 8 Children)

Number of children listed (auto):

Child Name	Age	Gender	Clothing Size	Allergies/Special Needs (optional)
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SECTION 4: Basket Preferences

Candy allowed No candy

Food allergies (if any):

Basket type needed: Infant Toddler Elementary Teen

SECTION 7: Certification

I certify the information provided is true and accurate.

Electronic Signature (Type Full Name):

Love Foundation – Easter Assistance Application 2026 (Page 2)

Income Verification Upload Checklist + Internal Use Only

SECTION 5: Income Verification Upload Checklist (Attach ONE of the following)

Please provide at least one form of income verification per household. (Check what you are uploading/attaching.)

Last 2 pay stubs (most recent)

Most recent tax return (first page only is okay)

Employer letter verifying wages/hours

Benefit award letter (SSI/SSDI, unemployment, etc.)

SNAP/WIC approval letter (if applicable)

No income statement (brief explanation below)

If 'No income', explain:

Required ID & Household Verification (Attach copies)

Valid Photo ID (Parent/Guardian)

Proof of Address (utility bill, lease, etc.)

Proof of Guardianship (if applicable)

Proof of child(ren) (birth certificate, school record, etc.)

INTERNAL USE ONLY – Do Not Complete (Love Foundation Staff/Volunteers)

Application Received Date:

Reviewed By:

Status:

Approved

Denied

Waitlist

Baskets Approved (count):

Pick-up Date/Time:

Notes:

Staff/Volunteer Signature:

Date: