



COMMUNITY CHRISTMAS PROGRAM

APPLICATION FORM (PLEASE PRINT)



ATTENTION: Application deadline: Monday, November 30/2020

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Postal Code \_\_\_\_\_

Birthdate: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (if no telephone, we must have a contact number)

Alternate Contact Name & Phone # \_\_\_\_\_

PLEASE LIST ALL RESIDENTS LIVING WITH YOU AT THE ABOVE ADDRESS –DO NOT INCLUDE YOURSELF!

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What is your source of income? \_\_\_\_\_

PLEASE CHECK ONE: I require assistance with the purchase of food & toys \_\_\_\_\_

I require assistance with the purchase of food only \_\_\_\_\_

I authorize the Community Christmas Hamper Committee to check this application with the CHRISTMAS BASKETS PROGRAM in Brantford to determine that no duplication of assistance has occurred. I understand that I CANNOT apply and receive assistance from BOTH agencies for Christmas. If it is found that I (or any member of my family) have applied to both agencies, one of the applications will become NULL & VOID.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN ALL COMPLETED APPLICATIONS BY FRIDAY, DEC. 4, 2020

EMAIL TO: shirleysimons020@gmail.com OR

MAILING ADDRESS: CHRISTMAS HAMPER PROGRAM - 61 MacPHERSON DR. PARIS, ON N3L 4C9

FOR OFFICE USE ONLY

Family Size: \_\_\_\_\_

Initial here when this application has been added to the computer listing \_\_\_\_\_

PLEASE REMEMBER:

PICK UP IS FRIDAY, DECEMBER 11, 2020

TIMES: 11:00AM – 3:00PM

PARIS FAIRGROUNDS BACK ENTRANCE – (BOARD ROOM) 139 SILVER ST. PARIS, ON