

Wished Upon A Child, Inc.

Christmas Assistance Application

Please use this space to explain the circumstances that are bringing you to us for help with your child's Christmas list.

| Personal Information | | | | | | |
|---------------------------------------|-------------------|------------|-----------------|---------------------|--------------------------------------|--------------|
| First | Last | MI | Birth Date | County of Residence | Email | |
| Single/Married/Divorced/Widowed/Other | | Home Phone | | Mobile Phone | School District Your Children Attend | |
| Other people living in your household | | DOB | Relationship | | DOB | Relationship |
| 1) | | | 5) | | | |
| 2) | | | 6) | | | |
| 3) | | | 7) | | | |
| 4) | | | 8) | | | |
| Spouse/Partner Information | | | | | | |
| First | Last | Birth Date | | County Of Residence | | |
| | | | | | | |
| Email | | Home Phone | | Mobile Phone | | |
| | | | | | | |
| Residency History | | | | | | |
| | Current Residence | | Prior Residence | | Spouse/Partner Residence | |
| Address | | | | | | |
| City, State & Zip | | | | | | |
| | Rent or Own | How Long? | Rent or Own | Rent or Own | Rent or Own | |
| | | | | | | |
| Monthly Payment or Rent | | | | | | |
| Dates of Residency | From | To | From | To | From | To |
| | | | | | | |

Employment History

| | Current | Prior | SPOUSE / PARTNER EMPLOYMENT | | | |
|------------------------------|---------|-------|-----------------------------|----|------|----|
| Employer | | | | | | |
| Address | | | | | | |
| Phone | | | | | | |
| Name of Immediate Supervisor | | | | | | |
| Position/Job Title | | | | | | |
| Dates of Employment | From | To | From | To | From | To |
| Monthly Gross Pay | | | | | | |

Financial

| | Description | Monthly Payment |
|--|--|-----------------|
| Car: Year/Make/Model | | |
| Other Payments (Utility/Credit/Child Support) | | |
| Do you receive Govt. Assistance? | TANF/SNAP/WIC/ Rent / Energy Assistance Etc. | |
| | (List) | |
| Do You Participate With Medicaid? | YES / NO | |
| Are You On Disability? How much is your monthly check? | YES / NO | |
| Do You Receive Child Support? How much per month? | YES / NO | |
| | Signature | |
| | | Date |

By signing, the applicant represents that all of the above information is true and correct and hereby authorizes verification of the above items. If any information is false, Wished Upon A Child is entitled to reject the application.

WishedUponAChild2023

Have We Assisted You In The Past? If So, What Year?

Additional info:

1. Please attach a current pay stubs (self and partner if applicable) to this application
2. The application must be submitted by October 20th to be considered for the 2023 season.
3. If the bills you pay each month outweigh the income you have coming in, please use the bottom of this page to explain how you are bridging that gap.