

ATTENTION: SOUTHFIELD & LATHRUP VILLAGE RESIDENTS ONLY

PLEASE READ THOROUGHLY THE INFORMATION REGARDING COMPLETING THE APPLICATION FORM.

The **DEADLINE** for submission of applications for Southfield Goodfellows December Holiday Assistance is **Thursday, October 15, 2009, at 4:00 p.m.** **Any applications and backup paperwork received after the deadline will not be processed.**

This is a STRICT DEADLINE!!

A new application and background information is required each year that you apply for assistance.

Complete your application **IMMEDIATELY** and submit all required backup paperwork with your application. Send only copies of your backup paperwork with your application -- DO NOT SEND ORIGINALS -- they will not be returned and copies will not be made for you at our office.

Applications without backup paperwork will be denied.

Application must be filled out completely by applicant.

Application must be signed.

*****No applications or backup paperwork will be accepted after 4:00 p.m. on Thursday, October 15, 2009.*****

All of the following BACKUP PAPERWORK **must be submitted** with your application:

- Proof of residency for ALL members** in your household (include a copy of valid driver's license or Michigan I.D., and current utility bill with your name and address listed.)
- Proof of mortgage** (buyer's) and proof of rental agreement (renter's).
- Proof of ALL dependents** (copy of birth certificates).
If you are not the birth parent, submit copies of guardianship papers.
- Proof of ALL income** (copy of 2008 1040 tax return, or social security letter, or FIA letter, or reduced lunch award letter, or paycheck stub showing *year to date* information).

Please return completed application and backup paperwork to:

Southfield Human Services Department

c/o Southfield Goodfellows

26000 Evergreen

Southfield, MI 48076

(248) 796-4540 (Call if you have any changes after you submit your application)

(248) 796-4545 (Fax)

Websites – www.cityofsouthfield.com and www.southfieldgoodfellows.org

SOUTHFIELD AND LATHRUP VILLAGE RESIDENTS ONLY

**NOTE: Incomplete & late applications
Will automatically be denied**

DEADLINE
Thursday, October 15, 2009
4:00 p.m.

Total # in household _____

SOUTHFIELD GOODFELLOWS DECEMBER HOLIDAY ASSISTANCE APPLICATION

*** PLEASE PRINT * PLEASE PRINT * PLEASE PRINT * PLEASE PRINT * PLEASE PRINT * PLEASE PRINT**

Date _____

First and Last Name _____

Address/Apt. No. _____

City/State/Zip Code _____

McDonnell Towers Country Court Highland Towers Woodridge Other _____

Home Phone _____ Work Phone _____ Alternate Phone _____

PLEASE PROVIDE INFORMATION FOR **CHILDREN ENROLLED IN HIGH SCHOOL AND YOUNGER**
(YOU MAY ALSO ATTACH A SEPARATE SHEET FOR GIFT SUGGESTIONS)

FIRST AND LAST NAME	BOY or GIRL	AGE	DATE OF BIRTH	GIRLS ONLY WHITE or BLACK DOLL	GIFT SUGGESTIONS	CLOTHING NEEDED (including sizes)		
						TOP	PANTS	SHOE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

PLEASE PROVIDE INFORMATION FOR ADDITIONAL MEMBERS OF YOUR HOUSEHOLD
(NOT ENROLLED IN HIGH SCHOOL AND OLDER) TO DETERMINE FOOD ELIGIBILITY

FIRST AND LAST NAME	MALE or FEMALE	AGE	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			

Office Use Only: APPROVED DENIED

Approver's Name: _____ Date: _____

HOUSEHOLD MONTHLY INCOME

(Include a copy of proof of income such as 2008 1040 tax return, or social security letter, or FIA letter, or paycheck stub showing year to date information. DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION).

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Social Security | \$ _____ | <input type="checkbox"/> Wages | \$ _____ |
| <input type="checkbox"/> S.S. Disability | \$ _____ | <input type="checkbox"/> Self Employed | \$ _____ |
| <input type="checkbox"/> S.S.I. | \$ _____ | <input type="checkbox"/> Food Stamps | \$ _____ |
| <input type="checkbox"/> S.D.A. | \$ _____ | <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> A.D.C. /F.I.P. | \$ _____ | <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Other () | \$ _____ | <input type="checkbox"/> Foster Care | \$ _____ |
| <input type="checkbox"/> Adoption Subsidy | \$ _____ | <input type="checkbox"/> Pension | \$ _____ |

HOUSEHOLD MONTHLY EXPENSES

Rent \$ _____/Mo. or - If your rent is subsidized/Section 8, what amount do you pay per month? \$ _____/Mo.

Mortgage \$ _____/Mo. Electric \$ _____/Mo. Heat \$ _____/Mo.

Car(s)/Trucks(s) Payments: Vehicle No. 1: \$ _____/Mo. Vehicle No. 2: \$ _____/Mo.

Year _____ Model _____ Year _____ Model _____

Unusual Circumstances/Hardships: _____

During the holidays, some organizations, individuals, churches, synagogues and clubs ask for the names of people to whom they may give a gift. Complete the information above to allow the names of your family members who live in your household, to be released for this purpose. Completion of this information does not guarantee receipt of a gift. Documentation (backup paperwork) for each household member listed must be included with this application. **DO NOT SEND ORIGINALS.**

I, the undersigned, affirm that the information I have provided is true, subject to verification, and if false, I understand that I will be denied Southfield Goodfellows assistance. I agree that, if approved for Southfield Goodfellows assistance, this will be the only December holiday assistance which I will receive this year.

I further understand that the Goodfellows assistance list will be supplied to other holiday assistance providers to avoid duplication of services and that, if my name is found on other providers December holiday assistance list, my name will be dropped from Goodfellows consideration.

SIGNATURE

DATE

The City of Southfield Human Services Department provides services in the areas of Counseling, Older Adult Services, Southfield Youth Assistance, Legal Aid, Outreach Services and more. If you need assistance, please contact our office at (248) 796-4540.