

CHRISTMAS OF HOPE 2020 APPLICATION

SECTION 1 Contact Information / Household Members

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

FIRST AND LAST NAMES OF CHILDREN LIVING AT THE ABOVE RESIDENCE:
 (Ages infant through senior in high school only)

| | | | |
|------------------|------------|------------------|------------|
| Full Name: _____ | Age: _____ | Full Name: _____ | Age: _____ |
| Full Name: _____ | Age: _____ | Full Name: _____ | Age: _____ |
| Full Name: _____ | Age: _____ | Full Name: _____ | Age: _____ |

SECTION 2 Report Income for ALL Household Members

STOP IMPORTANT: If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for school meals, leave this section blank and continue to SECTION 3. A copy of your directly-certified letter **must** accompany your application.

2.A. Child Income

Sometimes children in the household earn or receive income (i.e., earnings from work, social security, income from person outside the household). Please include the **TOTAL** income received by all children listed in Section 1 here:

Child Income: \$ _____ How Often? _____ (weekly/bi-weekly/monthly)

2.B. All Adult Household Members

List all Adult Household Members (including yourself), even if they do not receive income.

For each Household Member listed, if they do receive income, report total gross income (before taxes).

If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

B.1. Work Earnings: [SEE BOTTOM OF NEXT PAGE FOR REFERENCE CHART]

| Household Member's Full Name | Employer | Work Earnings | How Often? |
|------------------------------|----------|---------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

B.2. Public Assistance / Child Support / Alimony: [SEE BOTTOM OF NEXT PAGE FOR REFERENCE CHART]

| Household Member's Full Name | Amount | How Often? |
|------------------------------|--------|------------|
| | \$ | |
| | \$ | |
| | \$ | |

B.3. Pensions / Retirements / All Other Income: [SEE BOTTOM OF NEXT PAGE FOR REFERENCE CHART]

| Household Member's Full Name | Amount | How Often? |
|------------------------------|--------|------------|
| | \$ | |
| | \$ | |
| | \$ | |

2.C. ASSISTANCE REQUEST REASON (i.e. parent recovering from illness, death in family, etc.)

SECTION 3 Acknowledgement/Consent and Signature

3.A. ARE ANY OTHER AGENCIES PROVIDING CHRISTMAS GIFTS FOR YOUR FAMILY OR CHILD?

YES _____ NO _____

*IF YES, WHAT AGENCY: _____

Unfortunately in the past we have discovered that some families were participating in multiple programs. Because of this, Christmas of HOPE must now check with other agencies prior to providing Christmas for your child/children. Please note that you may only participate in **ONE program that provides Christmas for your child. If you are being served through the Salvation Army, Toys for Tots, St Vincent De Paul, CYS, Sheetz, American Legion or any other organization, you are **NOT** eligible to participate in our program! Thank you for understanding!*

3.B. PLEASE INITIAL THE APPROPRIATE LINE...ONLY INITIAL ONE:

_____ I am aware that Christmas of Hope (COH) will handle my application and the distribution of gifts for my child/children in full confidentiality. I also recognize that COH is a non-denominational Christian organization **and will accept faith-based gifts for my child/children**.

_____ I am aware that Christmas of Hope (COH) will handle my application and the distribution of gifts for my child/children in full confidentiality. I also recognize that COH is a non-denominational Christian organization **but would prefer not to receive faith-based gifts for my child/children**.

3.C. My signature below certifies that all information on this application is true and that all income is reported.

Signature of adult

Today's date

To ensure consideration for participation in the program, completed forms with appropriate backup must be postmarked no later than Friday, October 16, 2020.

Mail to: The HOPE Fund, PO Box 427, Centre Hall, PA 16828

OR Scan and Email: HopeFundChristmas@gmail.com

Section 2.B. reference chart:

Sources of Income for Adults

| Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income |
|---|---|---|
| <ul style="list-style-type: none"> - Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * Reporting Annual Income is allowable for seasonal or self-employment If you are in the U.S. Military: <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits | <ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household |