



2019 Christmas 4 Kids Assistance Program

Rules for acceptance and participation in this program are the same for everyone without regard to race, religion, color, national origin, age, sex or disability.

Monthly Gross Income to Qualify

<u>Household Size</u>	<u>Monthly Income</u>	<u>Household Size</u>	<u>Monthly Income</u>
1	\$1,354	5	\$3,269
2	\$1,832	6	\$3,748
3	\$2,311	7	\$4,227
4	\$2,790	8	\$4,705

Last Name _____ First Name _____ County _____
 Address _____ City/State/Zip _____
 Marital Status: S M D SEP W Spouse's Name _____ Phone _____
 Email Address _____

All Christmas Gifts will be picked up at the Randolph County Equestrian Center starting on December 23rd 2019

All Persons OVER 18 Years of Age Living at Same Address:

First & Last Name	Relationship & Birthdate	Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children UP TO 15 Years of Age Living at Same Address:

Name	Gender	Race (optional)	Age	Special Requests	School Presently Attending

***All applicants will provide proof of Children and Income (proof can include birth certificates, paycheck stubs, etc.**

Documentation for existence of children reviewed Y _____ N _____ (initial) _____

Income statements for the last month reviewed? Y _____ N _____ (initial) _____

I authorize ACA Gives, Local Law Enforcement and Department of Human Resources to share with other agencies information as needed. All information that I have provided is true and complete to the best of my knowledge. I understand that programs requested are not guaranteed and participation in this program is at the discretion of the agencies listed above. ***I am responsible for notifying ACA Gives, Local Law Enforcement or Department of Human Resources should my contact information change*** **My signature is my promise that I will not receive Christmas help from another organization or agency.**

Date

Participant Signature