

***Completed application MUST be returned by October 31st**

PLEASE PRINT USING BLACK OR BLUE INK

LIVONIA GOODFELLOWS APPLICATION

Case # _____
(Leave blank)

LIVONIA RESIDENTS ONLY

Pick Up # _____
(Leave blank)

_____ **NEW**

Applicant: (last name) _____ (first name and middle initial) _____ (significant other's first and last name) _____

(address) _____ (zip code) _____ email address _____

(primary phone # with area code) _____ (secondary phone # with area code) _____ emergency contact phone number _____

Number of adults living in the household? _____

Name and relationship to applicant of other adults in the household: _____

List **children's** complete information below:

Any children over the age of 18 after December 31st of this year are not eligible

Last Name	First Name	Age	Date of Birth	M / F	Toy Suggestions <i>11 years old or younger only</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Identify any items that may be needed in the home, such as bedding, Christmas Tree, etc. (May or may not be available.)

Check if canned / boxed food is: **Wanted** **Not Wanted** **Contact if extra food is available**
(requires special pick up date)

Please also complete, sign, and date the reverse side of this application.

Length of Livonia Residency: _____ Own: _____ Rent: _____ Section 8: _____

Live with parent / grandparent / friend: _____ Live with another Goodfellows recipient (name) _____

Do all the children requesting assistance reside full time with the applicant? _____ Yes _____ No If NO, explain:

Have you ever received Goodfellows assistance before? _____ Yes _____ No If YES, in which city: _____

Monthly Income: You must list amounts and bring recent copies for all that apply to your interview. Documents must be dated within the last 30 days. Applicants with zero income will be questioned and possibly denied.

Applicant:
Wages / Salary \$ _____ DHS/FAP (food stamps) \$ _____

Spouse or Significant Other Living in Household:

Wages / Salary \$ _____ DHS/FIP (cash benefits) \$ _____

Parent(s) Social Security \$ _____ Child Support / Alimony \$ _____

Parent(s) Disability \$ _____ Unemployment \$ _____

Child SS / SSI \$ _____ Self Employment \$ _____

Other Income (Including Cash, Tips for Servers, Workman's Comp, Pension, Veteran's Benefits)

**List all, with amounts _____

TOTAL MONTHLY INCOME _____

What is the reason for your current need? Please indicate all reasons: _____

I certify that the information given on this application is true and correct to the best of my knowledge.

I give authorization to release my name, address, and/or phone number, if required, to receive any item.

I declare that I will NOT and have NOT applied to any other Goodfellows or Toys for Tots organization for assistance.

Signature of Applicant

Date

**Return completed application by October 31st to: Livonia Goodfellows, Inc. (Phone 313 438-0862)
PO Box 51982
Livonia, MI 48151**

Do not write below this line. Remarks of Interviewer:

Signature of Interviewer

Date