

Read the enclosed letter for documents required to complete the application

**LIVONIA GOODFELLOWS APPLICATION
LIVONIA RESIDENTS ONLY**

Case # _____
(Leave blank)

Pick Up # _____
(Leave blank)

_____ **NEW**

Applicant: (last name) _____ First Name & 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:

Children 18 years old and under are eligible

Last Name	First Name	Age	Date of Birth	M / F	Toy Suggestions <i>8 years old or younger only</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 attach copies for all that apply with your application. Documents must be dated within the last 30 days. Applicants with zero income will be questioned and possibly denied. Copies of personal information will be destroyed - NOT RETURNED

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 with requested documents by October 31st to:

**Livonia Goodfellows, Inc. (Phone 313 438-0862)
PO Box 51982
Livonia, MI 48151**

**OR: drop box at
Dickinson Center
1800 Newburgh Rd
Livonia, MI 48152**

Do not write below this line. Remarks of Interviewer:

Kohl's _____ **Meijer** _____
number requested number requested

Signature of Interviewer

Date