

# Read enclosed letter for New Procedures for the 2020 Season

## 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*