



<b>FOR OFFICE USE ONLY</b>	# _____
# in Home _____	#Children _____
Adopted : Y / N By _____	
Applied Last Year: Y / N	

**Have you applied for assistance through Avilla Christmas Charities in the past?      Yes / No**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Average Weekly Income:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
**Reason if not employed:** \_\_\_\_\_  
\_\_\_\_\_ **Veteran Y / N** **Branch of Service** \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Average Weekly Income:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
**Reason if not employed:** \_\_\_\_\_  
\_\_\_\_\_ **Veteran Y / N** **Branch of Service** \_\_\_\_\_

**Names of ALL other adults (over 18) in household:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Number of children 18 and under living in household\*:** \_\_\_\_\_

**Additional Income:** \_\_\_\_\_ **Child Support:** \_\_\_\_\_  
\_\_\_\_\_ **Other:** \_\_\_\_\_ **From:** \_\_\_\_\_

\*On the reverse side of this form please provide detailed information about each child living in your household for whom you have legal custody. Attach an additional page if necessary. If you have applied for assistance through Avilla Christmas Charities in the past and the names or number of children in your household have changed since a previous years application, or if there are special circumstances concerning your situation that could assist us in understanding your need, please provide a brief explanation below:

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**Children (18 & under) living in household.** (Must have legal custody of the child **AND** child must reside there full time, except for court ordered visitation.) Attach a separate sheet if needed. Please specify whether sizes are child or adult.

Full Name of Child	Sex	Age	Pant Size	Shirt Size	Shoe Size	Interests/Gift Suggestions

**Do you want the children’s presents wrapped?:      Yes / No**

**\*\*Please Note\*\*** If you have applied for assistance through Avilla Christmas Charities for **three or more consecutive years, this form must be accompanied by a one-page letter indicating why you continue to be in need of assistance and a copy of last years tax return.** Applications from persons who have applied for three or more consecutive years will not be accepted until this information is provided.

This application must be completed and dropped off at the Town Hall or mailed to the Avilla Chamber of Commerce by **November 1st** to be considered. The application must be completed by an adult and **must have a current telephone number (or message number) and address.** Anyone providing false or incomplete information will be denied. By signing below you understand this is an application only, and in no way guarantees acceptance. All applicants will be notified by December 1st to be advised of the acceptance/rejection of their application and who will be fulfilling the application if accepted.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_