



Application for Assistance Christmas 2018

—APPLICATION DEADLINE IS FRIDAY NOVEMBER 30, 2018—

You must complete all sections of the form and provide copies of all documentation necessary for approval. Do not send originals as they will not be returned. All information is confidential. 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—

HOUSEHOLD SIZE	MONTHLY INCOME
1	\$1,386.92
2	\$1,867.58
3	\$2,348.33
4	\$2,829.00

HOUSEHOLD SIZE	MONTHLY INCOME
5	\$3,309.67
6	\$3,790.42
7	\$4,271.08
8	\$4,751.83

Your Name _____ Your Cell # _____
 Address _____ Your Email _____
 City/State/Zip _____
 Marital Status: S M* D SEP W *Spouse's Name _____ Total # in Household _____

YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION TO BE CONSIDERED—

- Your Photo ID
- Any **ONE** of these forms for each person in the household: Social Security Card, Birth Certificate, or Medicaid/Insurance Card
- Mark any/all programs you are currently eligible for or enrolled in: ___ Heat Assistance ___ WIC ___ Head Start

ALL persons 17 YEARS AND OLDER of age living at this address with income—

FIRST & LAST NAME (Include self)	RELATIONSHIP	AGE	INCOME

Children 16 YEARS AND YOUNGER of age living at this address—

FIRST & LAST NAME	GENDER	LAST 4 OF SSN	AGE	GRADE & SCHOOL

All information that I have provided is true and complete to the best of my knowledge. I understand that this program is not guaranteed. I am responsible for notifying Toys for Tots should my contact information change.

Your Signature _____ Date _____

RETURN YOUR COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

Jones County Toys For Tots PO BOX 142 Anamosa, IA 52205

Phone: 319/480-6061 Email: toysfortotsjonescoia@gmail.com

APPROVED RECIPIENTS WILL RECEIVE NOTIFICATION WITH APPOINTMENT TIME & LOCATION FOR PICK UP