

HOPE PROJECT OF WNY, INC.

2018 CHRISTMAS ASSISTANCE APPLICATION

PLEASE DO NOT LEAVE ANY AREA BLANK

NAME HEAD OF HOUSEHOLD _____

EMPLOYER _____

LENGTH OF EMPLOYMENT _____

PREVIOUS EMPLOYER _____

LEGALLY DISABLED YES NO IF YES, NATURE OF DISABILITY _____

OTHER LEGALLY DISABLED HOUSEHOLD MEMBERS AND NATURE OF THE DISABILITY

TOTAL HOUSEHOLD MONTHLY INCOME : PLEASE INCLUDE EMPLOYMENT FROM ALL WORKING HOUSEHOLD MEMBERS, SSI, CASH ASSISTANCE AND ALL OTHER SOURCES

AMOUNT	SOURCE
_____	_____
_____	_____
_____	_____
_____	_____

RENT/MORTGAGE AMOUNT _____

DO YOU RECEIVE RENT ASSISTANCE? _____ AMOUNT: _____

HAVE YOU RECEIVED HOLIDAY ASSISTANCE IN PREVIOUS YEARS? _____

IF YES, FROM WHICH ORGNIZATIONS? _____

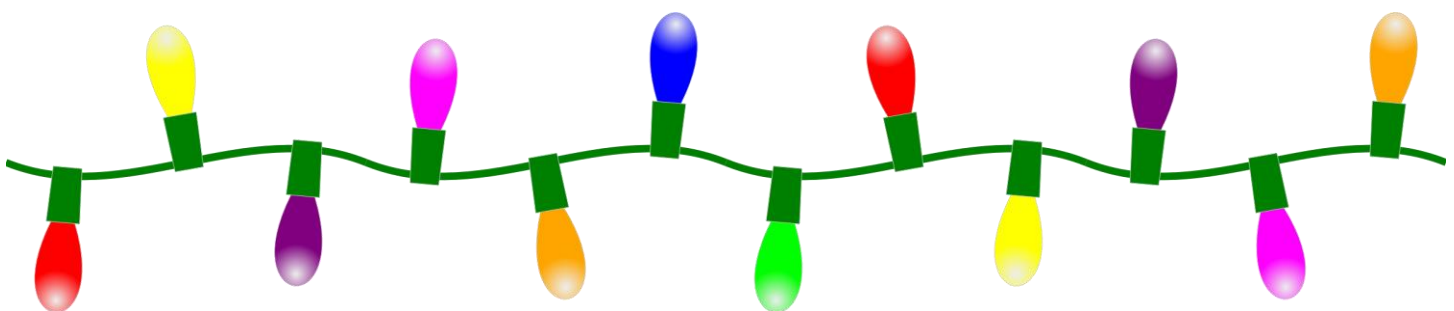
HAVE YOU APPLIED OR PLAN ON APPLYING ANYWHERE ELSE FOR THE 2018 HOLIDAY SEASON? _____

HOW LONG HAVE YOU BEEN A DOCUMENTED MEMBER OF THE HOPE PROJECT OF WNY, INC.? _____

NUMBER OF 18+ IN HOUSEHOLD _____

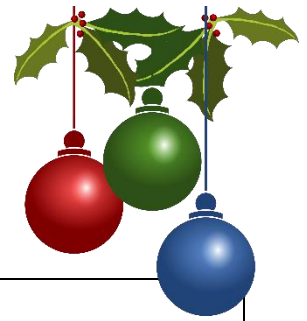
NUMBER OF 0-17 IN HOUSEHOD _____

	NAME	AGE	SHIRT SIZE	PANT SIZE	GENDER	DISABLED (DESCRIBE)
MEMBER 1 (YOU)						
MEMBER 2						
MEMBER 3						
MEMBER 4						
MEMBER 5						
MEMBER 6						
MEMBER 7						
MEMBER 8						
MEMBER 9						
MEMBER 10						



WISH LIST

TRADITIONAL GIFTS, NO ELECTRONICS PLEASE



NAME	
AGE	GENDER
WISH LIST:	

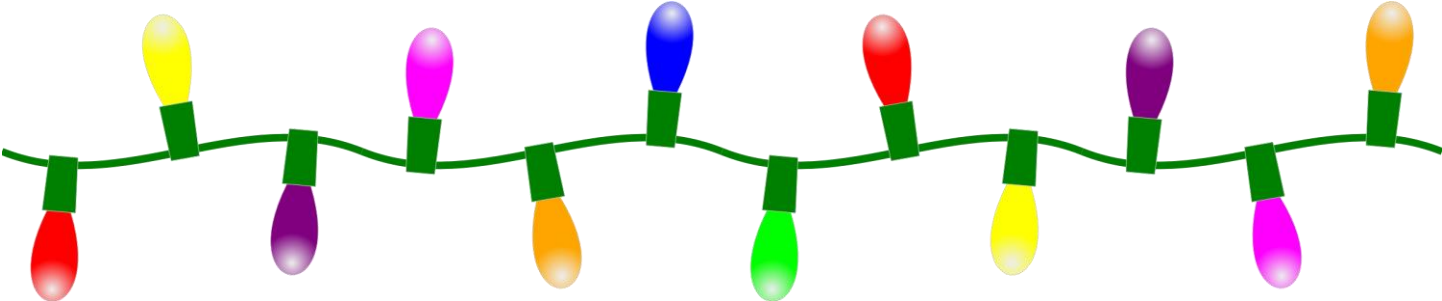
NAME	
AGE	GENDER
WISH LIST:	

NAME	
AGE	GENDER
WISH LIST:	

NAME	
AGE	GENDER
WISH LIST:	

NAME	
AGE	GENDER
WISH LIST:	

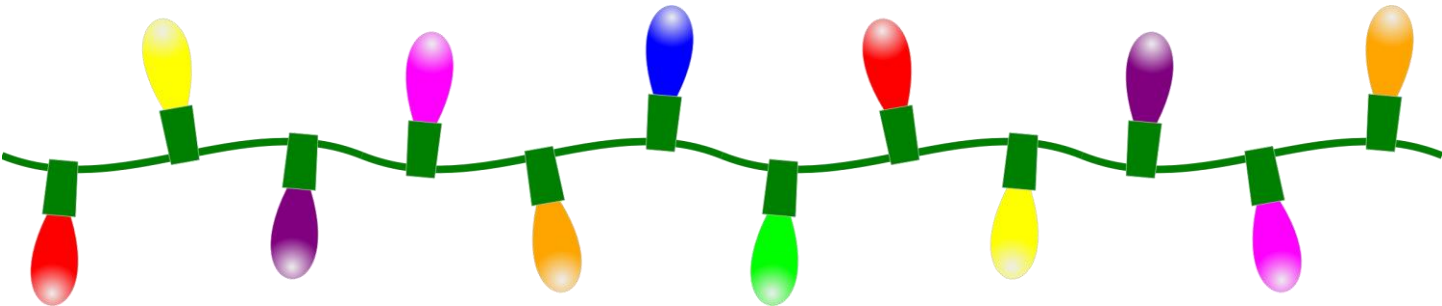
NAME	
AGE	GENDER
WISH LIST:	



NAME	
AGE	GENDER
WISH LIST:	

NAME	
AGE	GENDER
WISH LIST:	

NAME	
AGE	GENDER
WISH LIST:	



NAME	
AGE	GENDER
WISH LIST:	

I ATTEST THAT ALL INFORMATION WITHIN THIS APPLICATION IS ACCURATE AND TRUTHFUL. I RECOGNIZE THAT THE HOPE PROJECT OF WNY, INC. PROVIDES HOLIDAY HELP AS A COURTESY TO HOPE MEMBERS, I ALSO UNDERSTAND THAT FAILURE TO PROVIDE TRUTHFUL INFORMATION ON THIS APPLICATION WILL TERMINATE MY CLIENT STATUS WITHIN THE HOPE PROJECT OF WNY, INC.

PRINT NAME _____

SIGNATURE _____

DATE _____



OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE _____

DATE RECEIVED: _____

APPROVED _____ **DENIED** _____

CONTACTED DATE _____

COMMENTS _____

REVIEWER _____



