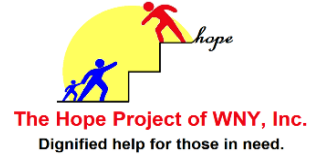


# HOPE PROJECT OF WNY, INC.

## 2019 HOLIDAY GIFT ASSISTANCE APPLICATION



**PLEASE FILL OUT THIS FORM IN ITS ENTIRITY. DO NOT LEAVE ANYTHING BLANK.**

Forms are due by 10/31/2019 at 11:59 PM. Failure to turn in by this time will result in not being eligible for the 2019 year.

**\*\*\*You may submit via email or mail. Our mailing address is 4545 Transit Road Suite #954 Williamsville, NY 14221 – Envelopes must be postmarked by 10/31/2019. Email submissions are to be sent to [contact@thehopeprojectofwny.org](mailto:contact@thehopeprojectofwny.org)\*\*\***

NAME HEAD OF HOUSEHOLD \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE: \_\_\_\_\_

WOULD YOU LIKE TO BE PUT ON OUR EMAIL LIST FOR SHOP / POLICY UPDATES? (CIRCLE ONE) YES NO

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 ORGANIZATIONS? \_\_\_\_\_

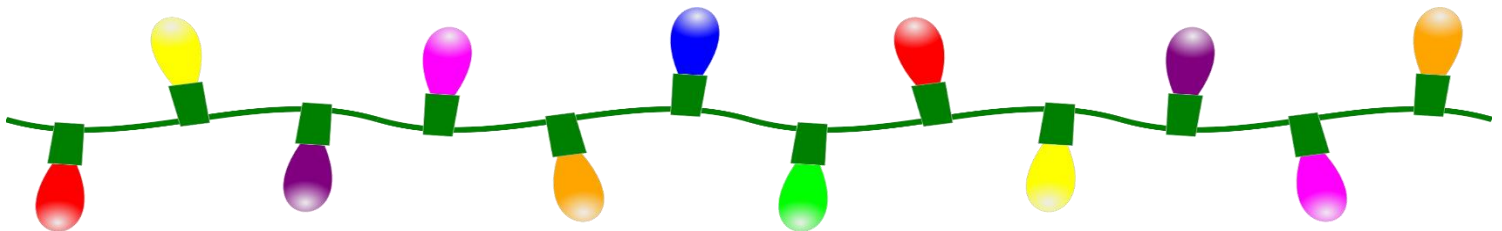
HAVE YOU APPLIED OR PLAN ON APPLYING ANYWHERE ELSE FOR THE 2019 HOLIDAY SEASON? \_\_\_\_\_

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:		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

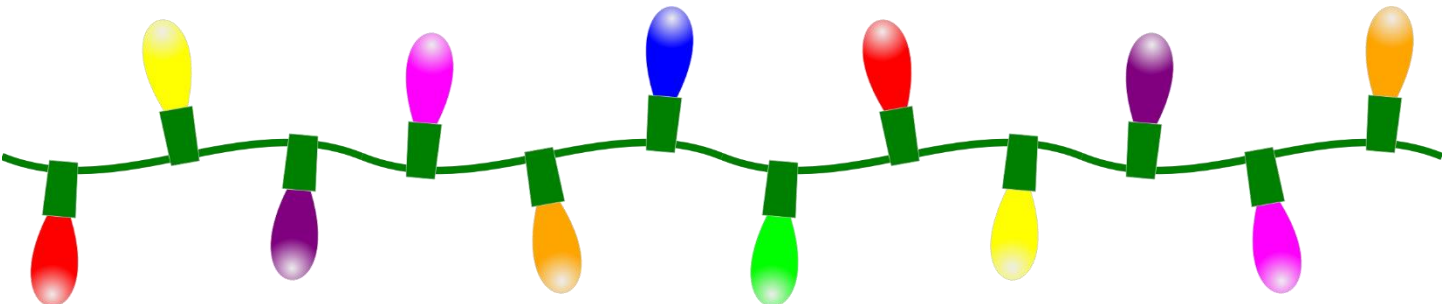
<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		

<b>NAME</b>	<b>AGE</b>	<b>GENDER</b>
<b>WISH LIST:</b>		



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 YOUR CLIENT STATUS WITHIN THE HOPE PROJECT OF WNY, INC.

\*\*\*ALL DECISIONS ARE FINAL AND ARE AT THE DISCRETION OF THE HOPE PROJECT VOLUNTEER BOARD OF DIRECTORS.\*\*\*

**ALL FAMILIES WILL BE NOTIFIED VIA EMAIL. YOU MUST PROVIDE AN EMAIL IN ORDER TO RECEIVE HOLIDAY GIFT ASSISTANCE FROM THE HOPE PROJECT OF WNY, INC.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



\*\* Submission of application does not guarantee assistance. We thank you for submitting and we will notify you once we make a decision. \*\*

**OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**CONTACTED DATE** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**REVIEWER** \_\_\_\_\_

