



Christmas Hamper Application Form 2020

* Application Deadline November 30, 2020

* Limited Spaces Available

Name: _____

Address: _____

Phone: _____ (Phone number required. We will call to book your pickup time.)

E-mail: _____

Adults: _____ Date of Birth: _____ Gender: M _____ F _____

(17+) _____ Date of Birth: _____ Gender: M _____ F _____

_____ Date of Birth: _____ Gender: M _____ F _____

_____ Date of Birth: _____ Gender: M _____ F _____

_____ Date of Birth: _____ Gender: M _____ F _____

Financial Information

INCOME

Wages \$____/mth

Child Tax Benefit \$____/mth

Ontario Works \$____/mth

ODSP \$____/mth

EI \$____/mth

OAS \$____/mth

Pension \$____/mth

Child Support \$____/mth

Worker Comp \$____/mth

Student Loan \$____/mth

Other Income:

_____ \$____/mth

_____ \$____/mth

EXPENSES

Rent \$____/mth

Hydro \$____/mth

Gas \$____/mth

Phone \$____/mth

Cable \$____/mth

Internet \$____/mth

Car Payment \$____/mth

Fuel \$____/mth

Transportation \$____/mth

Medical \$____/mth

Insurance \$____/mth

Child Care \$____/mth

Credit Card \$____/mth

Other Expenses:

_____ \$____/mth

_____ \$____/mth

_____ \$____/mth



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*For toy hamper application, please fill out page 3. If you are not in need of toys, please do not fill out page 3.

Consent

I, the undersigned, consent to an authorized representative of The Salvation Army Collingwood Community Church collecting information about me and disclosing information about me, for the sole purpose of ensuring accuracy of the information received on the application for assistance as detailed above.

I consent to the collection and disclosure of my personal information on the condition that The Salvation Army Collingwood Community Church provides appropriate safeguards to protect the confidentiality of the information.

In supplying the above information, The Salvation Army Collingwood Community Church does not guarantee that I will receive assistance in any form. All information supplied must be accurate. Any falsehood or misrepresentation could deny this application for assistance.

SIGNATURE

DATE

OFFICE USE ONLY

SALVATION ARMY WORKER

L2F HOUSEHOLD ID

Family Size: 1-2 3-4 5+ **DATE:** _____ **TIME:** _____

Gift Card Information

HAMPER

Received: _____

Verified: _____



Christmas Application Form 2020 TOYS

*** Application Deadline November 30, 2020**

*** Limited Spaces Available**

Name: _____

Phone: _____ (Phone number required. We will call to book your pickup time.)

E-mail: _____

Pickup by: _____

Children (0-16years):

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

_____ Date of Birth: _____ Gender: M ___ F ___

SIGNATURE

DATE

OFFICE USE ONLY

Pickup: DATE: _____

TIME: _____

SALVATION ARMY WORKER

L2F HOUSEHOLD ID

Gift Card Information

TOYS

Received: _____

Verified: _____