

ATTENTION: SOUTHFIELD & LATHRUP VILLAGE RESIDENTS ONLY!!!!

PLEASE READ THOROUGHLY THE INFORMATION REGARDING COMPLETING THE APPLICATION FORM.

The **DEADLINE** for submission of applications for Southfield Goodfellows December Holiday Assistance is **Thursday, October 12, 2017, at 4:00 p.m.** **Any applications and backup documentation received after the deadline will not be processed.**

This is a STRICT DEADLINE!!

A new application and backup documentation is required each year that you apply for assistance. Complete your application **IMMEDIATELY** and submit all required backup documentation with your application.

Send only copies of your backup documentation with your application -- DO NOT SEND ORIGINALS -- they will not be returned and copies will not be made for you at our office.

******No applications or backup documentation will be accepted after 4:00 p.m. on Thursday, October 12, 2017.******

The following BACKUP DOCUMENTATION **must be submitted** with your application:

- ***Proof of residency for ALL members** in your household (valid driver's license or Michigan I.D.), **AND** current utility bill with your name and address listed
- ***Proof of mortgage** (buyers) **OR** **lease agreement** (renters) with your name and address listed
- ***Proof of ALL dependents under age 19** (birth certificates)
If you are not the birth parent, submit guardianship papers.
- ***Proof of ALL income** (2016 1040 tax return **OR** social security letter **OR** FIA letter **OR** reduced lunch award letter **OR** paycheck stub showing *year to date* information)

*Please return completed application and backup documentation to:
Southfield Human Services Department, c/o Southfield Goodfellows
26000 Evergreen Road
Southfield, MI 48076*

*(Call Rhonda Terry @ (248) 796-4540 if you have any changes after you submit your application)
Websites – www.cityofsouthfield.com and www.southfieldgoodfellows.org*

SOUTHFIELD AND LATHRUP VILLAGE RESIDENTS ONLY

NOTE: Incomplete & late applications
will automatically be denied

DEADLINE
Thursday, October 12, 2017
4:00 p.m.

Total # in household _____

SOUTHFIELD GOODFELLOWS DECEMBER HOLIDAY ASSISTANCE APPLICATION

*** PLEASE PRINT NEATLY * PLEASE PRINT NEATLY* PLEASE PRINT NEATLY***

Date _____ First and Last Name _____

Address/Apt. No. _____ Zip Code _____

Country Court Highland Towers McDonnell Towers Woodridge Other _____

Home Phone _____ Work Phone _____ Alternate Phone _____

ELIGIBILITY ENDS WHEN THE CHILD HAS COMPLETED HIGH SCHOOL OR REACHED AGE 19, WHICHEVER IS FIRST

WE ENCOURAGE YOU TO ATTACH A WISH LIST OF ONLY 5 ITEMS (FOR CHILDREN ONLY)

ALL REQUESTS ARE TREATED AS SUGGESTIONS ONLY – WE CANNOT GUARANTEE ANY REQUESTS

NO COMPUTER OR LARGE ELECTRONIC DEVICES – ONLY REASONABLE REQUESTS MAY BE HONORED

FIRST NAME and LAST (if different)	ETHNICITY (*)	Boy (B) or Girl (G)	AGE	Date Of Birth MM/DD/YY	GIRLS Ages 4-10 only WHITE (W) or BLACK (B) DOLL	LIST SIZES <u>NEEDED</u>			
(*) White, Black, Hispanic, American Indian, Asian, Pacific Islander, Aleut, Eskimo, Arab, Chaldean, Other						TOP	PANTS	SHOE	COAT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

PLEASE PROVIDE INFORMATION FOR ADDITIONAL MEMBERS OF YOUR HOUSEHOLD

(NOT ENROLLED IN HIGH SCHOOL AND OLDER) TO DETERMINE FOOD ELIGIBILITY

FIRST AND LAST NAME	ETHNICITY (*)	MALE (M) or FEMALE (F)	AGE	DATE OF BIRTH MM/DD/YY
(*) White, Black, Hispanic, American Indian, Asian, Pacific Islander, Aleut, Eskimo, Arab, Chaldean, Other				
1.				
2.				
3.				
4.				

Office Use Only: APPROVED DENIED

Approver's Name: _____ Date: _____

