

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 17, 2024, 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 17, 2024.*****

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** (2023 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 17, 2024
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 and LAST name	ETHNICITY (*)	Boy (B) or Girl (G)	AGE	Date Of Birth MM/DD/YY	GIRLS Ages 4-10 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: _____

(Include a copy of proof of income such as 2023 1040 tax return OR social security letter OR FIA letter, OR reduced lunch award letter OR paycheck stub showing year-to-date information. DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION).

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Social Security | \$ _____ | <input type="checkbox"/> Wages | \$ _____ |
| <input type="checkbox"/> S.S. Disability | \$ _____ | <input type="checkbox"/> Self Employed | \$ _____ |
| <input type="checkbox"/> S.S.I. | \$ _____ | <input type="checkbox"/> Food Stamps | \$ _____ |
| <input type="checkbox"/> S.D.A. | \$ _____ | <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> A.D.C. /F.I.P. | \$ _____ | <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Other () | \$ _____ | <input type="checkbox"/> Foster Care | \$ _____ |
| <input type="checkbox"/> Adoption Subsidy | \$ _____ | <input type="checkbox"/> Pension | \$ _____ |

HOUSEHOLD MONTHLY EXPENSES

Rent \$ _____/Mo. or - If your rent is subsidized/Section 8, what amount do you pay per month? \$ _____/Mo.

Mortgage \$ _____/Mo. Electric \$ _____/Mo. Heat \$ _____/Mo.

Car(s)/Trucks(s) Payments: Vehicle No. 1: \$ _____/Mo. Vehicle No. 2: \$ _____/Mo.

Year _____ Model _____ Year _____ Model _____

Unusual Circumstances/Hardships: _____

During the holidays, some organizations, individuals, churches, synagogues and clubs ask for the names of people to whom they may give a gift. Complete the information above to allow the names of your family members who live in your household, to be released for this purpose. Completion of this information does not guarantee receipt of a gift. Documentation (backup paperwork) for each household member listed must be included with this application. **DO NOT SEND ORIGINALS.**

I, the undersigned, affirm that the information I have provided is true, subject to verification, and if false, I understand that I will be denied Southfield Goodfellows assistance. I agree that, if approved for Southfield Goodfellows assistance, this will be the only December holiday assistance which I will receive this year.

I further understand that the Goodfellows assistance list will be supplied to other holiday assistance providers to avoid duplication of services and that, if my name is found on other providers December holiday assistance list, my name will be dropped from Goodfellows consideration.

_____/_____/_____
 SIGNATURE / PRINT NAME DATE

The City of Southfield Human Services Department provides services in the areas of Legal Aid, Focus Hope, Outreach Services and more. If you need assistance, please contact Rhonda Terry at (248) 796-4540.