



APPLICATION

For Office Use Only	
Date Application Received	
SW Shop Appointment	
SW Appointment Letter Sent	

Applicant's Name:	Telephone: () -
Address(mailing and delivery):	Contact telephone: () -
Town or Village:	Township of Residence:
Total family income BEFORE deductions:	Number in household: Email address:

LIST ALL HOUSEHOLD MEMBERS (last name first)	Relationship to Applicant	M/F	BIRTH DATE	AGE	SOURCE OF INCOME	AMOUNT

You must provide verification of your address, birth dates and income of all household members (see other side). Applications, including income verification, must be returned by **November 30th**.

Mail to: P.O. Box 827, Potsdam, NY 13676 or Drop in mailbox on the driveway side of the United Methodist Church, 26 Main St., Potsdam

DO YOU WANT YOUR FOOD BASKET DELIVERED? **YES** **NO** If you want delivery, please give us directions to your home:

----- cut here to keep useful information ----->

POTSDAM HOLIDAY FUND
 Food basket pickup will be at the Church of Jesus Christ of Latter Day Saints, Castle Drive, Potsdam, on Wednesday, Dec. 19, 8:30-10:00 a.m.
If you have changes or questions call 261-9887. Please do not call the Methodist Church.