



# 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 30<sup>th</sup>**.

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:

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 <----- 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. 20**, 8:30-10:00 a.m.  
**If you have changes** or questions call 261-9887. Please do not call the Methodist Church.

## **DOCUMENTATION REQUIREMENTS**

- Please do not apply to our program if you have applied to another holiday program.
- You must provide proof for all the items listed below.
- Please include **copies** only, documentation will not be returned.
- The Potsdam Holiday Fund, Inc. reserves the right to reject any application that contains fraudulent information.
- Incomplete applications may be disqualified.
- Persons living in subsidized housing may use the Tenant Eligibility Form 50059 provided by their housing complex in place of the following proof of information.
- If you are mailing your application and supporting document you may need to affix two postage stamps.
- Please note: you must supply supporting documentation each year you apply.

### **YOUR CURRENT ADDRESS:**

You must provide **one** of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> current telephone bill(unless it lists only a PO Box) | <input type="checkbox"/> current water, sewage, or tax bill |
| <input type="checkbox"/> copy of current lease                                 | <input type="checkbox"/> current rent receipt w/address     |
| <input type="checkbox"/> current utility bill                                  | <input type="checkbox"/> homeowners insurance policy        |

### **INCOME:**

You must provide proof of **all household income** for all household members who receive any type of income, earned or unearned. Depending on your source of income, provide the following:

- |   |  |
|---|--|
| <input type="checkbox"/> pay stubs for most recent 4 weeks                                  | <input type="checkbox"/> business records if self employed<br>for most recent 3 months |
| <input type="checkbox"/> unemployment insurance   | <input type="checkbox"/> bankbook/dividend or interest statement                       |
| <input type="checkbox"/> social security award letter                                       | <input type="checkbox"/> veteran's benefits  |
| <input type="checkbox"/> pensions   | <input type="checkbox"/> bank statement for direct deposit                             |
| <input type="checkbox"/> child support or alimony checks<br>from support or collection unit | <input type="checkbox"/> workers compensation  |

### **IDENTIFICATION and AGE VERIFICATION:**

You must provide:

- a driver's license, or birth certificate, or baptismal certificate or NYS Benefits card for each member of your household to verify age (because we have limited resources, our program provides gifts to children 17 and under.)

If you are unable to provide the documentation requested above regarding proof of address, income and identification, alternative documentation may be accepted. The Potsdam Holiday Fund, Inc. reserves the right to reject other forms of proof at the discretion of the Board of Directors.

**I hereby verify that all statements and documentation provided are a true and accurate representation of my address, identity and income sources. I voluntarily give this information with the understanding that said information will be used to determine my eligibility to be a participant in the Potsdam Holiday Fund.**

**I understand that the information I have provided will be kept strictly confidential by the members of the Potsdam Holiday Fund, Inc. Board of Directors, and will be used only to determine eligibility for participation in this year's Holiday Fund.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date