

## PLYMOUTH GOODFELLOWS APPLICATION 2022

### PLYMOUTH/PLYMOUTH TOWNSHIP RESIDENTS ONLY

Parent/Guardian:

Significant other:

Address and Zip Code:

Email address:

Cell phone number with area code:

Land line number with area code:

Name and relationship of other adults in the household: \_\_\_\_\_

\*Eligible children must live in your household full time and be 18 y/o or younger. Proof of address could be the student demographics page (Mistar), medical bill, DHS letter, custody or guardian papers.

List **children's** complete information:

	First and Last Name	Age	Gender	School and Grade
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

\*We may have funds to help with utilities. If you would like to receive assistance, provide the following:

Name of Gas company \_\_\_\_\_ Name of Electric company \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

Monthly household income including wages, SS, SSI, SSD, DHS benefits, child support: \_\_\_\_\_

Describe your reasons for requesting help this year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOY AND CLOTHING SUGGESTIONS FOR EACH CHILD

Toys - (May include game or gift cards)	Clothes: include size/dept. & color preference
1 _____	_____
_____	_____
2 _____	_____
_____	_____
3 _____	_____
_____	_____
4 _____	_____
_____	_____
5 _____	_____
_____	_____
6 _____	_____
_____	_____

The Plymouth Goodfellows have my permission to share this information with the Salvation Army.

My family is not asking for or accepting Christmas help from any other organization, church, or school.

This information is true and accurate. Signature \_\_\_\_\_

**MAIL THE COMPLETE APPLICATION AND PROOF OF RESIDENCY FOR ADULTS AND EACH CHILD BY OCTOBER 31**

**TO: PLYMOUTH GOODFELLOWS: PO BOX 700912 PLYMOUTH MI 48170**

**Phone: (734) 262-3199**