## **PLYMOUTH GOODFELLOWS APPLICATION 2023**

## PLYMOUTH/PLYMOUTH TOWNSHIP RESIDENTS ONLY

Parent/Guardian:		Significant	other:	
Address and Zip Code:		Email addr	ess:	
Cell phone number with area code:		Land line number with area code:		
Name and relationship of other adults in	n the househo	ld:		
			e and be 18 y/o or younger. Proof o	
List <b>children's</b> complete informa	ation:			
First and Last Name	Age	Gender	School and Grade	
1			·	
2				
3				
4				
5				
6				
*We may have funds to help with utilities	es again this ye	ear but this is	not guaranteed.	
Name of Gas company		Name of	Electric company	_
Account number		Account	number	_
Please complete and sign the reverse sign	de of this appli	ication.		
Monthly household income including wa	ages, SS, SSI, S	SD. DHS bene	fits, child support:	

TOY AND CI	OTHING SUGGESTIONS FOR EACH CHILD
	Clothes: include size/dept. & color preference
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	n to share this information with the Salvation Army.
ly family is not asking for or accepting Christr	mas help from any other organization, church, or school.
is information is true and accurate. Signatur	re

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

(734) 262-3199