



APPLICATION

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

Applicant's Name:	Telephone: () -
Street or Road (no PO Boxes):	Contact telephone: () -
Town or Village:	Township of Residence:
Total family income BEFORE deductions:	Number in household:

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

*****NEW LOCATION FOR FOOD BASKET PICK-UP *****

Church of Jesus Christ of Later Day Saints (Mormon) Located at the end of Castle Drive, Potsdam

DO YOU WANT YOUR FOOD BASKET DELIVERED? YES NO

IF YOU DO WANT YOUR FOOD BASKET DELIVERED, PLEASE GIVE COMPLETE DIRECTIONS TO YOUR HOME _____

APPLICATIONS, INCLUDING INCOME VERIFICATION, MUST BE COMPLETED AND RETURNED BEFORE NOVEMBER 15th

MAIL TO: PO Box 827, Potsdam, NY 13676 or DROP IN: The mailbox on the driveway side of the United Methodist Church in Potsdam.
 If you have questions call **261-9887**, this is a new number. **DO NOT** call the Potsdam United Methodist Church.

Signature _____

Date: _____

YOU MUST PROVIDE VERIFICATION OF INCOME, RESIDENCE, AND ALL HOUSEHOLD MEMBERS (see other side)

Documentation Requirements

Please note you MUST supply supporting documentation EACH time you apply

- You must provide proof for all the items listed below.
- Please include **copies** only, documentation will not be returned.
- The Potsdam Holiday Fund, Incorporated reserves the right to reject any application that contains fraudulent information.
- Incomplete applications may be disqualified.

Applications may be mailed to the Potsdam Holiday Fund, Incorporated, PO Box 827, Potsdam, NY 13676-0827 or may be dropped in the mailbox on the driveway side of the United Methodist Church in Potsdam **before November 15.**

IF YOU ARE MAILING YOUR APPLICATION AND SUPPORTING DOCUMENTS, YOU MUST AFFIX TWO POSTAGE STAMPS

Persons living in subsidized housing may use the **Tenant Eligibility Form 50059** provided by their housing complex instead of the following proof of information.

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 for most recent 3 months |
| <input type="checkbox"/> unemployment insurance book (UIB) | <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 from support or collection unit | <input type="checkbox"/> workers compensation |

IDENTIFICATION and AGE VERIFICATION:

You must provide:

- a social security card for every member of your household for identification purposes**

AND

a drivers license, birth certificate, 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 will 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 is 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