

City of WAYNE GOODFELLOWS, INC- CHRISTMAS ASSISTANCE APPLICATION

2011

Applicants please note, in order to be considered you must:

1. MUST provide proof you live in the City of Wayne (valid ID, bill w/ address etc.)
2. Complete all portions of this application BOTH sides. SIGN the Application
3. Provide accurate and truthful information as requested (Any false information given may result in rejection of the application)
4. Note: Information will be verified but kept confidential
5. In applying, you are authorizing the Wayne Goodfellows to verify the information with the appropriate agencies.

NOTICE: NO APPLICATION WILL BE ACCEPTED AFTER DECEMBER 2th

Application Information:

1. Recipient's Name: _____ **Copy of Drivers License or State ID**

2. Names of Partner/Spouse other Adults in Home: _____ **Copy of Drivers License or State ID**

3. Address _____ ****4. Telephone number (contact number)** _____

IF YOU ARE RECEIVING ASSISTANCE FROM ANOTHER ORGANIZATION YOU ARE NOT ELIGIBLE FOR WAYNE GOODFELLOWS HELP

INCOME

EXPENSES

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Recipient's Employer & Phone Number</td> <td>Monthly Gross:</td> </tr> <tr> <td>Partner's Employer & Phone Number</td> <td>Monthly Gross:</td> </tr> <tr> <td>SS/Disability \$</td> <td></td> </tr> <tr> <td>SSI \$</td> <td></td> </tr> <tr> <td>ADC Total Grant \$</td> <td></td> </tr> <tr> <td>MDHSS</td> <td></td> </tr> <tr> <td>FOOD STAMPSS</td> <td></td> </tr> <tr> <td>Other Income (Child Support etc) \$</td> <td></td> </tr> </table>	Recipient's Employer & Phone Number	Monthly Gross:	Partner's Employer & Phone Number	Monthly Gross:	SS/Disability \$		SSI \$		ADC Total Grant \$		MDHSS		FOOD STAMPSS		Other Income (Child Support etc) \$		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total Rent\$ (Provide copy of house/rent statement)</td> <td>Month</td> <td>What you Pay\$</td> </tr> <tr> <td>Section #8 or other subsidy pays \$</td> <td></td> <td>Month</td> </tr> <tr> <td colspan="3">Utilities (Gas, Electric, Water) amount You pay</td> </tr> <tr> <td colspan="3">Car Payment/Insurance - Monthly</td> </tr> <tr> <td colspan="3">Food - Monthly</td> </tr> </table>	Total Rent\$ (Provide copy of house/rent statement)	Month	What you Pay\$	Section #8 or other subsidy pays \$		Month	Utilities (Gas, Electric, Water) amount You pay			Car Payment/Insurance - Monthly			Food - Monthly		
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Total number of people living in your home _____ **(Include both adults and children)**

Children's Names	Age of Children	Include copy of Proof Child Lives at Wayne Address – school ID, lease, etc

Front and back

APPLICATION COMPLETED BY:

Print Name

Signature

DID YOU: Sign the application
Provide copy of valid Drivers License
Provide copy of utility bill or other bill with address
Provide copy of pay stub or income tax document
Provide copy of house payment or rent payment
Provide copy of documentation that child lives at your Wayne Address (for example, copy of State ID, school paperwork, report card, family services paperwork, lease with children's names on it, etc.)

Mail Application and Attachments to: *Wayne Goodfellows*
Wayne Fire Department
3300 S. Wayne Road
Wayne, MI 48184

Or

**RETURN COMPLETED APPLICATIONS
TO THE
FIRE DEPARTMENT**

**On the following dates:
Friday, NOVEMBER 4
Friday, NOVEMBER 18
Friday, DECEMBER 2
FROM 10 AM to 2 PM on these dates**

**APPLICATIONS WILL *ONLY* BE
ACCEPTED IN PERSON ON THE ABOVE
DATES. NO EXCEPTIONS**

Fire Fighters are unable to accept your application

**GOODFELLOW
RECEIPT information**

If you get a call asking for Goodfellow help follow these steps:

1. Do you live in the CITY OF WAYNE
2. Applications can be obtained here, City Hall, P&R, Library or www.waynegoodfellows.org
3. Fill it out and provide all the information on the front and back of the application
4. Return the application by December 4th to the FD
5. The Goodfellow's Secretary will call them back to ask more questions or let them know they are approved

WHEN YOU GET SOMEONE IN THE STATION WITH APPLICATION FILLED OUT:

1. Check it for correct information and make copies if needed:
 - A is the address legitimate
 - B copy driver's license

C copy whatever they bring to verify their address in addition to the drivers license (Edison bill, lease etc)

D Pay stub, rent/house payment.

E copy the kid stuff, anything that says kids live at Wayne address – report card, lease agreement with their names on it, insurance letter, court docs. NOT Medicaid card, NOT insurance card, NOT birth certificate – none of these have their address on it.

Thank your for your assistance, if we help the people the first time to get it right they won't need to come back a second time.

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