

TUSCARAWAS COUNTY SHARE-A-CHRISTMAS 2023

To return your application:

Return form to T4C, 1458 Fifth St. NW, New Philadelphia, OH 44663

No applications accepted after **10/14/2023**. An incomplete application is cause for denial.

APPLICANT <i>Please print</i>	LAST NAME	FIRST NAME	MIDDLE INITIAL
	PO BOX	STREET ADDRESS (INCLUDE APARTMENT #)	
CITY	ZIP	PHONE	EMAIL

LIST ALL PEOPLE LIVING IN THE HOME (List applicant first)

Any children listed must live in the home and you must have legal custody of them to qualify.

1.	LAST NAME NAME	FIRST	RELATION TO APPLICANT	AGE	MALE OR FEMALE	GRADE IN SCHOOL	IS HELP REQUESTED (YES OR NO)
2.							
3.							
4.							
5.							
6.							
7.							
8.							

FAMILY IS REQUESTING:

Clothing
[] Yes [] No

Food
[] Yes [] No

Toys (for ages 12 and under; toys will be preselected for you)
[] Yes [] No

TOTAL NUMBER REQUESTING HELP _____

DO YOU RECEIVE FOOD ASSISTANCE FROM TUSCARAWAS CO? [] YES [] NO AMOUNT REC'D \$ _____

LIST ALL INCOME AND THE SOURCE FOR ALL PERSONS IN THE HOME: Include unemployment, pension, Social Security, child support, disability, survivor benefits, employment, etc.		
NAME	MONTHLY INCOME (after taxes)	SOURCE (if working include name of company)

TOTAL MONTHLY INCOME OF THOSE REQUESTING HELP \$ _____

STATEMENT OF NEED (give a brief statement why you feel your family should be considered for assistance)

This information is accurate to the best of my knowledge. Providing false information to obtain any benefit may result in denial of my application and may prohibit me from consideration for help in the future.

SIGNATURE OF APPLICANT _____
DATE

OFFICE DETERMINATION: ACCEPTED [] DENIED []

HELP AWARDED 2023: CLOTHING \$ _____ TOYS _____ FOOD _____