



APPLICATION NO.

INDIVIDUAL / SINGLE FAMILY TOY APPLICATION

NAME OF AGENCY / NONPROFIT ORGANIZATION

Please fill out this application for your family and situation only. **DO NOT** add child(ren) not legally under your care!

1ST PARENT / LEGAL GUARDIAN INFORMATION:

FIRST NAME:		LAST NAME:	
ADDRESS:		CITY:	
STATE:		ZIP CODE:	

2ND PARENT / LEGAL GUARDIAN INFORMATION:

FIRST NAME:		LAST NAME:	
ADDRESS:		CITY:	
STATE:		ZIP CODE:	

1. Please answer the questions below to best describe your situation as far as financial provisions in place to support your children:

1a. What is your annual income (*refer to your W-2 or last pay stub for total*):

1b. Are you receiving any Government/State/City assistance (*i.e. W.I.C.*):

1c. If YES, please name the type of assistance are you receiving:

NAME OF TYPE OF ASSISTANCE:	START DATE OF ASSISTANCE:	MMM	DD	YYYY

1d. Are you receiving any other or additional financial assistance for your children:

1e. Are you receiving any type of disability:

1f. Do your children live with you:

1g. If your child(ren) **DO NOT** live with you, please state the reason of this circumstance:

On page 2 and 3, please fill in all information for each child, in its own separate table.

APPLICATION NO.

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CHILD #1 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

CHILD #2 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

CHILD #3 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

CHILD #4 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

CHILD #5 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

CHILD #6 INFORMATION:

FIRST NAME:		M.I.:			
LAST NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:		GENDER:			
CITY:					
ZIP CODE:					

APPLICATION NO.

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CHILD #7 INFORMATION:

FIRST NAME:		M.I.:	
LAST NAME:		DATE OF BIRTH:	AGE:
ADDRESS:			
CITY:		GENDER:	
ZIP CODE:			

CHILD #8 INFORMATION:

FIRST NAME:		M.I.:	
LAST NAME:		DATE OF BIRTH:	AGE:
ADDRESS:			
CITY:		GENDER:	
ZIP CODE:			

CHILD #9 INFORMATION:

FIRST NAME:		M.I.:	
LAST NAME:		DATE OF BIRTH:	AGE:
ADDRESS:			
CITY:		GENDER:	
ZIP CODE:			

CHILD #10 INFORMATION:

FIRST NAME:		M.I.:	
LAST NAME:		DATE OF BIRTH:	AGE:
ADDRESS:			
CITY:		GENDER:	
ZIP CODE:			

By signing this application, I certify that all information above is true and current for me and my child(ren):

1ST PARENT / LEGAL GUARDIAN'S SIGNATURE:	
DATE:	

2ND PARENT / LEGAL GUARDIAN'S SIGNATURE:	
DATE:	

Individual/Single Family Bracket

AGES	0 – 3	4 – 7	8 – 10	11 – 13	TOTALS
BOYS					
GIRLS					