

Family #:

FOR SANTEE SANTAS USE ONLY

Application taken by: _____
(Please Print Name)

Date: _____

Board Member (Name) Approval: _____

Santee Santas Foundation

CDL# _____

Request for Assistance Form

SANTEE ZONE# _____

LAST NAME: _____ EMAIL: _____

ADDRESS: _____

HOME PHONE: () - _____ ALTERNATE PHONE: () - _____

FIRST AND LAST NAME OF ADULTS OVER 18 YEARS OLD IN THE HOME	AGE	Relationship	Employer? **	ID Verified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FIRST AND LAST NAME OF CHILDREN IN HOME	BIRTHDATE Month/day/year	Age	SEX M/F	ATTENDS What School?	ID Verified
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe any disabilities for Children: _____

If we have bicycles available, list names of children who would like a bike: _____

You MUST provide copies of the following documents/information in order for this application to be considered: **Photo Copies will NOT be returned**

- Photocopy of valid Govt. Issued photo ID with current address. Also, copy of photo ID or Birth Certificate for everyone listed on this application.**
 - A **photocopy** of a current rental agreement listing **all members in home** (not a rent receipt), or mortgage statement for residency verification.
 - ** A photocopy** of a recent pay stub, AFDC Grant, SS or SSI letter, foster care grants, child support, Food Stamp Verification, PELL Grant or other grants to attend college, etc. for income verification for **all members of the household** with income.
 - For each child in household, please provide copies of report card, progress report, attendance report or school ID Card from child's school and proof of legal custody if applicable.
 - List any other East County agency to which you have applied or plan on applying to for holiday assistance such as Salvation Army, Our Lady of Grace Catholic Church, etc.
- _____
- Monthly HOUSEHOLD gross income: \$ _____ (total from all income sources)

THE BELOW INFORMATION IS REQUIRED BY FEDERAL GRANT REGULATIONS

Are you Hispanic or Latino? Yes No

Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. (Select all that apply)

- American Indian or Alaska Native (having origins in North & South America (incl. Central America) and who maintains tribal affiliation or community attachment)
- Asian (having origins in the Far East, Southeast Asia, or the Indian subcontinent)
- Black or African American (having origins in any of the black racial groups of Africa)
- Native Hawaiian or other Pacific Islander (having origins in Hawaii, Guam, Samoa, or other Pacific Islands)
- White (having origins in Europe, the Middle East or North Africa)
- Other Multi-Racial

I _____, release SANTEE SANTAS FOUNDATION of all liabilities that may occur as a result of any toy/food donation. I hereby authorize SANTEE SANTAS FOUNDATION to release and obtain information concerning services provided to me and/or my family by SANTEE SANTAS FOUNDATION and other agencies.

I certify, under penalty of perjury, that the above information is true and correct.

I further understand that I will be dropped from the Santee Santas Program if I or anyone in my family is approved for holiday assistance from another program or if false information is provided.

Adult Signature

Date

Print Name

REMINDER: APPLICATIONS WITHOUT REQUIRED DOCUMENTS WILL NOT BE PROCESSED
Rev. 08/15