

For VAC office use only

SS#: _____ Name: _____ Family #: _____ 1

VAC Christmas Program Application

Date of Application: _____

General Information

Social Security #: _____ Last name: _____ First name: _____

Address: _____ City: _____ Zip code: _____

Do you live: INSIDE the Columbia City Limits: _____ OUTSIDE the Columbia City Limits: _____

Phone #: _____ Phone #: _____

Ethnicity: Caucasian Hispanic African-American Asian Native American Other: _____

Household Information

	SSN	Last Name	First Name	Sex	How Related	Date of Birth	Disabled*	Veteran
1				M F	SELF		N P M	Y N
2				M F			N P M	Y N
3				M F			N P M	Y N
4				M F			N P M	Y N
5				M F			N P M	Y N
6				M F			N P M	Y N
7				M F			N P M	Y N
8				M F			N P M	Y N
9				M F			N P M	Y N
10				M F			N P M	Y N

*** N = No; P = Physical disability; M = Mental disability**

Monthly Rent/Mortgage: \$ _____

Monthly Income	Monthly Amount
TANF	\$
Salary (full-time 30+ hours)	\$
Salary (part-time)	\$
Child Support/Alimony	\$
Pension/Retirement	\$
Unemployment	\$
Social Security	\$
SSI	\$
Disability	\$
Food Stamps	\$
Other: _____	\$
Other: _____	\$
Monthly Income Total	\$

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Statement of Need:

Why do you need this assistance? What does this assistance mean to you and your family?

Statement of Understanding:

I am providing complete and true information including all sources of income/money received by myself and all of the people who live at my address. I am not going to receive assistance for Christmas from any other agency, organization, church, or program. Items received will be utilized as intended and will not be sold or returned to store for cash/credit or used for personal profit. I understand that my household will be disqualified from services by providing incomplete, misleading or false information, receiving/applying for Christmas assistance from other agencies, organizations, churches, or programs or gainfully profiting for the good received.

Signature: _____

Date: _____

Authorization for Release of Information:

I, the undersigned, do hereby authorize the Voluntary Action Center (VAC) to release and receive records and information concerning myself and all of the people who live at my address for the purpose of the 2011 Christmas program. I authorize VAC to release/receive this information for one year from the date signed. I understand that I may revoke this consent at any time in writing; however, that may disqualify my participation in the program.

Signature: _____

Date: _____

Authorization for Photo Release:

I hereby grant the Voluntary Action Center (VAC) the right to take photographs of me and my family. I authorize VAC, its assigns and transferees to, with or without my name, copyright, use, and publish these photographs in print and/or electronically without payment or any other consideration. I hereby irrevocably authorize VAC to edit, alter, copy, exhibit, publish, or distribute these photographs for purposes of publicizing VAC's programs or for any other lawful purpose. I waive the right to inspect or approve these photographs. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: _____

Date: _____

Necesito una carta en Español. Sí _____