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## 2020 Application

### Application Process/Criteria/Eligibility

This program is offered to RESIDENTS in need, in the Town of Westlock, Westlock County, & The Village of Clyde.

FCSS does not provide gifts for visiting grandchildren/children or other guest. This program is income verified.

Applications must be complete or will not be accepted. Alberta Health Care, 30 day Bank Statement or Birth may be requested by screening committee.

**Deadline for Applications in Wednesday, December 9, 2020**

Please Print Clearly

### Section 1: Applicant Information

First Name:	Last Name:
Mailing Address:	
City:	Postal Code:
Telephone: (    )	
Male	Female

### Section 2: Please provide information on ALL Adults living in the house

First Name:	Last Name:
Relationship to Applicant:	
First Name:	Last Name:
Relationship to Applicant:	
First Name:	Last Name:
Relationship to Applicant:	

### Section 3: Information on ALL CHILDREN living in the household

First Name:	Last Name:
Relationship to Applicant:	Age:
First Name:	Last Name:
Relationship to Applicant:	Age:
First Name:	Last Name:
Relationship to Applicant:	Age:
First Name:	Last Name:
Relationship to Applicant:	Age:

First Name:	Last Name:
Relationship to Applicant:	Age:
First Name:	Last Name:
Relationship to Applicant:	Age:

**Section 4: Referred by (if applicable)**

First Name:	Last Name:
Agency:	Phone Number:
Is the agency or applicant the contact person?	

**Section 5: Income Verification**

*A copy of net income (line 236) of 2019 Notice of Assessment or copy of 2019 tax return(s) from ALL Adults in the house must be provided. See below for eligibility amounts.*

Family Type	Maximum Qualifying Income
Single	\$19 056
Single parent with 1 child	\$26 023
Single parent with 2 children	\$31 010
Single parent with 3 children	\$36 325
Single parent with 4 children*	\$41 957
Couple	\$23 212
Couple with 1 child	\$31 237
Couple with 2 children	\$36 634
Couple with 3 children*	\$41 594

\*For each additional child add \$4 973      \*\*For each additional adult add \$9326

Household's net income in of previous years income tax. (See line 236 of Income Tax Notice of Assessment)

**Notice of Assessment(s) from ALL adults living in the home needs to be provided.**

Income Verified	Yes	No
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**Section 5: Application Information & Signature**

Does your family/you access the Food Bank?	Yes	No
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Have you applied for special Christmas programs with any other agency/community? YES	NO
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Applicants providing false information/already receiving from another community will be permanently removed from program.

Applicant Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

Please note that by signing the above application you are giving Screening Committee permission to verify income.

**Referrals**

Agency Name	Phone number	Signature
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