



# WILLIAM HALL RODGERS

UNITED WAY CHRISTMAS FOOD BASKETS

TICKET # \_\_\_\_\_ (to be completed by staff only)

## APPLICANT INFORMATION

Name (Head of Household): \_\_\_\_\_ **Last 5** digits of Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employed  Self-Employed  Retired  Disability Income: \$ \_\_\_\_\_ (monthly)

Name (Spouse): \_\_\_\_\_ **Last 5** digits of Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employed  Self-Employed  Retired  Disability Income: \$ \_\_\_\_\_ (monthly)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cell  Home  Work Total Number in Household: \_\_\_\_\_

### LIST ALL OTHER MEMBERS OF HOUSEHOLD NOT LISTED ABOVE

NAME	DATE OF BIRTH	RELATIONSHIP

## MONTHLY EXPENSES

Mortgage  Rent  Extended Stay  Other: \$ \_\_\_\_\_ (per month)

Housing Choice / Section 8: \$ \_\_\_\_\_ If Other, please explain: \_\_\_\_\_

Landlord / Property Manager: \_\_\_\_\_ Medications: \$ \_\_\_\_\_ (per month)

Electricity  Water  Gas  Propane: \$ \_\_\_\_\_ (total per month)

Any other monthly expenses and amounts: \_\_\_\_\_

## OTHER SOURCES OF INCOME - if not addressed above

Families First: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_ Workman's Comp: \$ \_\_\_\_\_ Unemployment: \$ \_\_\_\_\_ WIC: \$ \_\_\_\_\_

SNAP/Food Stamps: \$ \_\_\_\_\_ Utilities Allowance: \$ \_\_\_\_\_ Housing Allowance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_