THE SALVATION ARMY SHARBOT LAKE 2025 CHRISTMAS ASSISTANCE APPLICATION S M L XL NO: _____

Office use only	New: YES NO	ID:
Referrals made:		Referred By:
Would you like to learn more about our church programs? YES NO		

SURNAME:_____Maiden/Previous Married Name:_____

FIRST NAME:_____DOB: M/D/Y _____

SPOUSE'S SURNAME: _____SPOUSE'S FIRST NAME: _____

SPOUSE'S DOB: M/D/Y_____ADDRESS:_____

TOWN: _____P.C._____PHONE: 613 - _____

Contact Name:_____613-_____

Children: Up to age 12 as of Dec. 31/25- TOYS First & Last Names	**Sex**	**Age**	**BIRTHDATE M /D /Y**	**Teens age: 13 & 14-GIFT CARDS Other:15-Adults in Household First & Last Names**	**Sex**	**BIRTHDATE M / D / Y**
1			/ /			/ /
2			/ /			/ /
3.			/ /			/ /
4.			/ /			/ /
5.			/ /			/ /
6.			/ /			/ /
7.			/ /			/ /

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MONTHLY HOUSEHOLD INCOME SOURCE (indicate name of recipient if other than applicant)	**AMOUNT**		**MONTHLY EXPENSES**	**AMOUNT**
WORK			RENT/MORTGAGE	
ONTARIO WORKS			HYDRO	
DISABILITY (ODSP)			HEAT- gas, oil, etc.	
E.I.			GROCERIES	
(Baby Bonus) CHILD TAX			AUTO (loan/ins./gas)	
'' SUPPLEMENT			PHONE, INTERNET, TV	
C.P.P.			MEDICATIONS	
OLD AGE			OTHER	
OTHER INCOME INSUR.			Total Expenses	
OTHER income in Household			==========	==========
Total Income			**Total # in Household**	

TYPE OF ID _____

TEXT: YES NO EMAIL: _____

ONE APPLICATION PER HOUSEHOLD

I certify that the information on this application is true, and I give The Salvation Army permission to confirm my personal information provided in this application with other social agencies including Frontenac County Social Services, Lanark County Social Services/ODSP, Leeds & Grenville Social Services, churches, service clubs, organizations, etc. for the sole purpose of maximizing resources and avoiding duplication of assistance

TOY DISCLAIMER

On behalf of The Salvation Army, we receive toys in good faith. To the best of our knowledge we sort and eliminate toys that do not meet standards. PLEASE check the toys you receive (age appropriate) and use your own discretion as to suitability.

In signing this form, I state I have read, understood and agreed to the above statements. If there is duplication of applications with another agency, more than one voucher applied for in the same household or misinformation given you will be notified of a cancellation of your application.

_____ _____ _____

(SIGNATURE OF APPLICANT) (DATE) (Salvation Army worker)

PLEASE NOTE: INTERVIEW PROCEDURES HAVE CHANGED

1. Interviews will be assigned starting in October through the end of November. **(Friday November 21st) is the deadline for applications) we cannot guarantee appointments after this date.**
2. To schedule an appointment, call 613-279-3151 (It's first call first to receive interviews).
3. Your appointment date and time will be assigned at the time of your call.
4. YOU will be told of your **ELIGIBILITY** at the time of your **INTERVIEW**. If there is an issue with your application after your initial interview you will be contacted, and your eligibility may be denied.

5. **Please bring your completed application along with the following information to your interview time.**
   a. Identification: Photo ID
   b. Income Verification: Current Monthly Household Income (Every adult's income who lives in the household) income statements can be cheque stubs from work, OW/ODSP stubs or a 30 day bank statement.
   c. Current Rent Receipt, Gas or Hydro Bill is required.

NOTE: IF YOU DO NOT MAKE OR KEEP AN APPOINTMENT YOU WILL NOT RECEIVE CHRISTMAS ASSISTANCE.