



Operation Santa

Application for Assistance

Date _____

Applicant Name (Last) _____ First _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone _____

Place of Employment _____

City _____ State _____ Zip Code _____

Work Phone # _____ SSN# _____

DOB/ _____ # of Children living in Household _____

Names of Other Adults living in the Home _____

Relationship _____

Annual Household Income \$ _____/yr.

Have you or anyone in your household ever been convicted of a crime?

Yes/ No (circle one) If yes, please explain _____

Please provide a brief summary of why you should be selected to participate in the Operation Santa Program.

_____.

