

CHRISTMAS APPLICATION WORKSHEET

FAMILY NAME: _____

Amount of SNAP benefits (food stamps): \$ _____ Number of People in the Home: _____

A COPY OF YOUR SNAP (FOOD STAMP) VERIFICATION LETTER IS REQUIRED TO PROCESS YOUR APPLICATION

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MONTHLY INCOME (NET):

Employment/Wages _____
TANF (welfare): _____
Social Security: _____
SSI/SS Disability: _____
Veterans: _____
Pension: _____
Unemployment Compensation: _____
Child Support: _____
Workers Compensation: _____
Other (list) _____

TOTAL NET INCOME

Minus Total Expenses - _____

Spendable INCOME

ALLOWABLE EXPENSES:

Rent/Mortgage: _____
Gas (Heating): _____
Water/Sewer: _____
Electric: _____
Phone - basic rate only: _____
Food*: _____
Other+ (list): _____

TOTAL EXPENSES:

ELIGIBLE: YES NO

*Food allowance may not exceed the amount listed in the State Food Stamp Schedule for household size.

+Include items that are contributing to hardship, for example, large medical expenses not otherwise covered. Do not allow credit card payments, clothing, furniture, or more than one vehicle and insurance.

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FOR OFFICE USE ONLY

_____ is providing: Food Toys Circle and transfer information to front of application.

NOTE: Worksheet must be completed if certifying agent is not the provider. IF THE FAMILY DOES NOT MEET THE STANDARD ELIGIBILITY GUIDELINES, THE PROVIDER AGENCY MAY DENY THE APPLICATION.

CHRISTMAS BUREAU
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Charleston, WV 25339-1688
304-414-4405 or 1-800-540-8659