**2023 TOY APPLICATION - toys for children 12 and under**

**RETURN APPLICATION TO TRADING POST (38 Franklin St., Springville) BY TUESDAY 12/5. SOMEONE WILL FOLLOW UP CLOSE TO EVENT W/DETAILS.**

* Toys are available for children 12 and younger; some partners have gifts for older kids. Returning this application **does not guarantee assistance. Only one application can be submitted per family.** Applications will be checked for duplication with other organizations offering holiday assistance.

\*Head of Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial Last 4 of SSN

# **\***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Street, Avenue, Road, Place, Parkway, Lane, Boulevard, etc.) Apartment # City zip

# Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\***DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F **If no phone, contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Other Persons in Household: *(List in Order of Age ~ Oldest to Youngest)* \*Total Number In Household: \_\_\_\_\_\_\_

| **last name** | **first name** | **Last 4 Digits of Soc. Sec. #** | **Birthday including Year** | **age** | **Gender** | **Clothing Sizes** | **Wish List** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |

A drawing of a face

Description automatically generatedTo the best of my knowledge, the information on this application is accurate and truthful. I understand that this application will be duplicate checked with other toy giveaway programs and duplicates will be voided.

# **\***Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

NOTE: APPLICATION WILL BE VOID IF IT IS NOT SIGNED BY INTERVIEWER AND APPLICATION SITE GIVEN!

**\***Interviewer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

# **\***Application Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Interviewer: Check all items that have been verified.)*

Verification provided for: Residence: \_\_\_\_\_\_ Identification: \_\_\_\_\_ Number in household: \_\_\_\_\_\_

Source of income: [ ] Employment [ ] Unemployment [ ] Social Security [ ] SSI or SSD [ ] Public Assistance [ ] Other

A close up of a logo

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FAMILIES NEED THE FOLLOWING DOCUMENTATION

* **PICTURE ID FOR PERSON FILLING OUT THE APPLICATION**
* A drawing of a face

  Description automatically generated**PROOF OF RESIDENCE**
* **PROOF OF TOTAL INCOME FOR PAST 30 DAYS**
* **ID FOR ALL CHILDREN FOR WHOM APPLICATION IS MADE**
* **SOCIAL SECURITY NUMBERS FOR ALL MEMBERS OF HOUSEHOLD**

#### ACCEPTABLE DOCUMENTATION

**Picture ID Proof of Residence Social Security # Proof of Income**

##### Benefit card Current Utility bill Original cards **PA -** award letter or current budget sheet.

Driver’s license Landlord’s statement GOVT ID with SS# **UEB -** unemployment book or recent check stub.

Sheriff’s card SSI letter **Working -** pay stubs verifying last 30 days income.

Student ID Grant letter **SSI, SSD, Social Security, Compensation, or**,

**NYS Disability -** award letter, most recent stub PA Public Assistance card

**Food Stamp Eligibility Guidelines**: Household **monthly income** cannot exceed the following:

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| **Family Size** | **Households w/out Earned Income (no elderly or disabled member)** | **Households with Earned Income (no elderly or disabled member)** | **Households w/ an Elderly or Disabled Member and Households w/ Dependent Care Expenses** |
| --- | --- | --- | --- |
| 2 | $2,137 | $2,465 | $3,287 |
| 3 | $2,694 | $3,108 | $4,143 |
| 4 | $3,250 | $3,750 | $5,000 |
| 5 | $3,807 | $4,393 | $5,857 |
| Each additional person | + $512 | + $643 | + $857 |

\* Figures based on current SNAP Standards as of October 1st, 2023 see <http://otda.ny.gov/programs/snap/#eligibility>.