

**Christmas Assistance for Families in
Need**

Gaston County Christmas Co-Op

Application must be filled out completely

Only 1 application per household PLEASE PRINT

Co-Op # _____

Agency _____

Name _____

Guardian 1:

Race _____

Sex: (circle) Male Female

First Name _____ Middle Name _____ Last Name _____

Relationship to child(ren) listed _____

Guardian 2:

Race _____

Sex: (circle) Male Female

First Name _____ Middle Name _____ Last Name _____

Relationship to child(ren) listed _____

Street Address _____

Mailing Address _____

Phone Numbers: Landline _____ Cell _____

School(s) attended by children listed: _____

- ❖ Does someone in your home have a medical diagnosis of Intellectual or Developmental Disability: yes / no
If yes, what is their age? _____

CHILDREN IN HOME: (13-18 yrs old)

Please list a WANT, a NEED, and a READ for each teen.

WANT is an item the teen wants (please do not list expensive items). A NEED such as toiletries, clothes, items for school. A READ is a book the teen wants or something the Teen is interested in.

Teen 1-Name, First _____ Middle _____ Last _____ Sex: M F Age _____ Special Needs : Y N Race _____ Size (circle one) Children Juniors Women Men Pants size & style preferred _____ Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____ Gifts – A WANT _____ A NEED _____ A READ _____
Teen 2-Name, First _____ Middle _____ Last _____ Sex: M F Age _____ Special Needs : Y N Race _____ Size (circle one) Children Juniors Women Men Pants size & style preferred _____ Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____ Gifts – A WANT _____ A NEED _____ A READ _____
Teen 3-Name, First _____ Middle _____ Last _____ Sex: M F Age _____ Special Needs : Y N Race _____ Size (circle one) Children Juniors Women Men Pants size & style preferred _____ Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____ Gifts – A WANT _____ A NEED _____ A READ _____
Teen 4-Name, First _____ Middle _____ Last _____ Sex: M F Age _____ Special Needs : Y N Race _____ Size (circle one) Children Juniors Women Men Pants size & style preferred _____ Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____ Gifts – A WANT _____ A NEED _____ A READ _____
Notes on Teens _____

Please do not ask for expensive gifts or electronic items. All requests are filled through donations.

CHILDREN IN HOME: (12 yrs and younger)

Please list a WANT, a NEED, and a READ for each child.

WANT is an item the child wants (please do not list expensive items). A NEED such as toiletries, clothes, items for school. A READ is a book the child wants or something the child is interested in.

Child 1-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 2-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 3-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 4-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 5-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 6-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 7-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Child 8-Name, First _____ Middle _____ Last _____ Sex: M F Age _____
Special Needs : Y N Race _____ Size (circle one) **Children Juniors Women Men** Pants size & style preferred _____

Tops size _____ Underwear size & style _____ Bra Size _____ Shoe size & style _____

Gifts – A WANT _____ A NEED _____
A READ _____

Please do not ask for expensive gifts or electronic items. All requests are filled through donations.

Applications can be emailed to: Christmas@unitedwaygaston.org Or Mailed to: 200 E. Franklin Blvd. Gastonia 28052. They can also be dropped off at the Gazette office or the United Way office

Families in Need - Financial Form
Gaston County Christmas Co-Op

Co-Op # _____

Date _____

Guardian 1: _____

Guardian 1: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Working (circle): Full-time Part-time Disabled
Retired Unemployed Work First

Working (circle): Full-time Part-time Disabled
Retired Unemployed Work First

Place of Employment _____

Place of Employment _____

Child 1: _____

Child 7: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Child 2: _____

Child 8: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Child 3: _____

Child 9: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Child 4: _____

Child 10: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Child 5: _____

Child 11: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

Child 6: _____

Child 12: _____

Social (Last 4): _____ DOB: _____

Social (Last 4): _____ DOB: _____

Relationship: _____

Relationship: _____

I agree that the information on this form is correct and accurate. If false information is found, my application will not be processed. I also give Christmas Co-Op Programs the right, permission, and consent to use images of members of my family in photographs and/or video for the purpose to use, print, reproduce and publish, for any and all trade, commercial, advertising, or public purposes.

Client Signature _____ Date _____

Financial Worksheet

Regular Income & Expenses for One Month

Net Income (All sources of incoming funds)

Child Support/Alimony \$ _____
Disability Income \$ _____
Income Earned \$ _____
Retirement/Pension \$ _____
Work First Check \$ _____
All Other Income \$ _____

Non-Cash Benefits (Include offsetting expense)

Food Stamps \$ _____
Section 8 \$ _____
Other Monthly Benefits \$ _____

Expenses (Include All Monthly Expenses)

Baby Items (diapers, formula, etc) \$ _____
Cable/Satellite (internet/TV) \$ _____
Child Care (out of pocket) \$ _____
Child Support/Alimony \$ _____
Church Tithes/Charity \$ _____
Credit Card Payments \$ _____
Electricity \$ _____
Groceries (+food stamps) \$ _____
All Phone Expenses (cell/land) \$ _____
Insurance (car, home, health) \$ _____
Loan Payments (car, school, etc) \$ _____
Medical/Pharmaceuticals \$ _____
Mortgage/Rent (+section 8) \$ _____
Natural Gas/Fuel Oil/Kerosene \$ _____
Pet Care Expense \$ _____
Restaurant/Eat out \$ _____
School Lunch & Supplies \$ _____
Toiletries \$ _____
Transportation (gas/repair) \$ _____
Trash Pickup \$ _____
Water/Sewer \$ _____
Other Monthly Expense \$ _____

Total Monthly Income: \$ + _____

Total Monthly Expenses: \$ - _____

Income – Expenses = Monthly Net \$ _____

Financial Notes _____

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