



ALCG PO Box 281 Avilla, IN. 46710

FOR OFFICE USE ONLY		# _____
# in Home _____	#Children _____	
Adopted : Y / N By _____		
Applied Last Year: Y / N		

Have you applied for assistance through Avilla Christmas Charities in the past? Yes / No

Name: _____ **Age:** _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Average Weekly Income: _____ **Place of Employment:** _____

Reason if not employed: _____

Veteran Y / N **Branch of Service** _____

Spouse/Partner: _____ **Age:** _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Average Weekly Income: _____ **Place of Employment:** _____

Reason if not employed: _____

_____ **Veteran** Y / N **Branch of Service** _____

Names of ALL other adults (over 18) in household:

Name: _____ **Age:** _____ **Relationship** _____

Name: _____ **Age:** _____ **Relationship** _____

Name: _____ **Age:** _____ **Relationship** _____

Number of children 18 and under living in household*: _____

Additional Income: **Child Support:** _____

Other: _____ **From:** _____

*On the reverse side of this form please provide detailed information about each child living in your household for whom you have legal custody. Attach an additional page if necessary. If you have applied for assistance through Avilla Christmas Charities in the past and the names or number of children in

your household have changed since a previous years application, or if there are special circumstances concerning your situation that could assist us in understanding your need, please provide a brief explanation below:

Children (18 & under) living in household. (Must have legal custody of the child **AND** child must reside there full time, except for court ordered visitation.) Attach a separate sheet if needed. Please specify whether sizes are child or adult.

Full Name of Child	Sex	Age	Pant Size	Shirt Size	Shoe Size	Interests/Gift Suggestions (Be Specific) (No Gift Cards)

Do you want the children’s presents wrapped? Yes / No

****Please Note**** If you have applied for assistance through Avilla Christmas Charities for **three or more consecutive years, or three of the last five years, this form must be accompanied by a one-page letter indicating why you continue to be in need of assistance and a copy of last years tax return.** Applications from persons who have applied for three or more consecutive years will not be accepted until this information is provided.

This application must be completed and dropped off at The Avilla Town Hall, Farmers Merchant Bank in LaOtto, NCPL Avilla Branch or mailed to the Avilla LaOtto Charity Group PO Box 281 Avilla, IN 46710 by **November 1st** to be considered. The application must be completed by an adult and **must have a current telephone number (or message number) and address**. Anyone providing false or incomplete information will be denied. By signing below you understand this is an application only, and in no way guarantees acceptance. All applicants will be notified by December 1st to be advised of the acceptance/rejection of their application and who will be fulfilling need the application if accepted.

Signed: _____ **Date:** _____