

Bedford Community Christmas Station
EASTER EGGSTRA EVENT
2023 Application

Parent/Guardian Name: _____ Date of Birth: ____/____/____

Home/Cell Phone: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ ZipCode: _____

Children That Live In Your Home AND Are in Your Physical Custody:

<i>Name: (First and Last)</i>	<i>Circle one:</i>	<i>Date of Birth:</i>	<i>Age:</i>
_____	Boy / Girl	____/____/____	_____
_____	Boy / Girl	____/____/____	_____
_____	Boy / Girl	____/____/____	_____
_____	Boy / Girl	____/____/____	_____
_____	Boy / Girl	____/____/____	_____

Do you receive Food Stamps? _____ **If YES, How much per month?** \$ _____

Household Income Information:

Place of Employment: _____	Monthly Gross Income from Job	\$ _____
Place of Employment: _____	Monthly Gross Income from Job	\$ _____
(A) Total Gross Income:		\$ _____

Other Sources of Income: (List monthly amounts):

TANF \$ _____	Unemployment	\$ _____
SSI/SSA \$ _____	Other Source: _____	\$ _____
Pension \$ _____	(B) Total Other Income:	
		\$ _____
(A)+(B) Total Monthly Income:		\$ _____

Supporting documentation is REQUIRED in order to process your application. Documentation includes PHOTO ID of Guardian, proof of all household income, proof of residence in Bedford County, and birth certificate or insurance card, and proof of school enrollment for each child.

Guardian's Certification: I declare to the best of my knowledge that the information provided is complete and correct. I certify that the income for my household has been accurately presented. I understand that my signature on this form gives BCCS permission to verify my eligibility for assistance. I understand that if I give false information or withhold information in order to make myself eligible for services that I am not entitle to, I can be denied assistance in the future. I further understand that applying for assistance DOES NOT guarantee that I will receive assistance, even if I meet eligibility criteria.

Signature: _____ **Date:** _____

BCCS Witness: _____