

# 2020 TOY APPLICATION - TOYS FOR CHILDREN 12 AND UNDER

▪ 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.							

To 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



## FAMILIES NEED THE FOLLOWING DOCUMENTATION



- ◆ PICTURE ID FOR PERSON FILLING OUT THE APPLICATION
- ◆ 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

Benefit card  
 Driver's license  
 Sheriff's card  
 Student ID

#### Proof of Residence

Current Utility bill  
 Landlord's statement  
 SSI letter  
 Grant letter

#### Social Security #

Original cards  
 GOVT ID with SS#

#### Proof of Income

**PA** - award letter or current budget sheet.  
**UEB** - unemployment book or recent check stub.  
**Working** - pay stubs verifying last 30 days income.  
**SSI, SSD, Social Security, Compensation, or, NYS Disability** - award letter, most recent stub PA Public Assistance card

**Food Stamp Eligibility Guidelines:** household income cannot exceed the following:

Income Guidelines 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	\$1,868	\$2,155	\$2,873
3	\$2,353	\$2,715	\$3,620
4	\$2,839	\$3,275	\$4,366
5	\$3,324	\$3,835	\$5,113
Each additional person	+ \$486	\$560	\$746

\* Figures based on SNAP Standards effective October 1, 2020, see <http://otda.ny.gov/programs/snap/#eligibility>.