<u> 2025 Application Christmas Gifts – Chelsea's Christmas</u>

Christmas Gifts (for children 17 and under)

DATE	# of adults in household	# of children in household	

Name(s) (Adults Only) List all adults in household (18 & older)	Social Security # (list only last 4 digits)	Age	Male/Female
Head of Household 1st			

STREET ADDRESS	APT. NUMBER	CITY & ZIP CODE
PRIMARY CONTACT PHONE #	Message phone #	Cell or alternate #

List all children 17 years old or younger in household

Please state if the child size is a Child, Junior, Women or Men size clothes

NAME	Age	Sex M/F	Shirt Size	Pant size	Coat size	Boot Shoe size	WISH / Interests / Hobbies There is no guarantee wishes will be granted.

<u>2025 Application for Christmas Gifts – Chelsea's Christmas</u>

Monthly Income

Monthly Expenses

Employment	\$
Unemployment	\$
SS/SSD/SSI	\$
OWF/JFS/Kinship	\$
Child Support	\$
Overage Checks	\$
Veterans Assistance	\$
Other	\$
TOTAL	\$

Rent	\$
Electric	\$
Water	\$
Gas/Fuel Oil / Propane	\$
Transportation	\$
Internet/Cable/Phone	\$
Insurance	\$
Other	\$
TOTAL	\$

Additional information or comments:	
By my signature, I, (<i>print name</i>) Fairfield County 2-1-1 permission to release receipt of holiday benefits as stated above	ase information necessary to process this application for the
Printed Name:	
Signature:	Date: