



Hope for the Holidays - A Time for TEENS

2015 Application Process

Basic Criteria:

- Child must live with parent/guardian who is applying.
- Family must live in Treasure Valley.
- Child must be age 13 to 18 years of age on or before December 25, 2015.
 1. Complete the Application Form
 2. Parent/Guardian must apply in person or by email with copies of the following documentation:
 - Parent/Guardian Photo ID
 - Utility Bill- If the photo ID does not show proof of Canyon County residency, please bring a utility bill with photo ID.

Where to Apply

3. Return application with documentation in person to:
120 16th Ave N., Nampa ID 83687

*Application Dates: November 1st – December 3rd from 11am to 4pm

All information is required by December 3, 2015, and is subject to verification. Information will not be released to any unauthorized person.

- ◆ Please understand requests are not guaranteed. Applications are taken in the order submitted. You will be contacted by Dec 12th upon approval of request.

Pick up dates will be on December 20th and 21st from 10:00am to 1:00pm

The Community Builder
More Than A Thrift Store
120 16th Ave N, Nampa ID 83687

For more information, call The Community Builder at (208) 590-1084



The Community Builder

Together We Can Make A Difference!

www.TheCommunityBuilder.org

****PLEASE READ THE 2015APPLICATION PROCESS PAGE BEFORE COMPLETING THIS FORM****

Parent/Guardian Full Name: _____ Full Social Security #: _____ - _____ - _____

Other Parent/Guardian: _____ Full Social Security #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Organization Referred By _____

FINANCIAL INFORMATION (REQUIRED) Total Monthly income: _____ Number of persons in household: _____

Sources of Assistance: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Wages, Salary, Tips | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> Pensions/Retirement |
| <input type="checkbox"/> Social Security, SSI | <input type="checkbox"/> Alimony/Child Support |
| <input type="checkbox"/> Public Assistance/Welfare Payments/TANF | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> School Free/Reduced Lunch | <input type="checkbox"/> Other Income _____ |

Child Name _____ Age _____ Male/Female _____ Last 4 digits of SS# _____ Please Select one from list below: <input type="checkbox"/> Bedding (if needed bed size) <input type="checkbox"/> Twin <input type="checkbox"/> Full <input type="checkbox"/> Queen <input type="checkbox"/> Blanket <input type="checkbox"/> Sleeping Bag
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By signing this application, I confirm that all information on this application is accurate and complete. I grant permission for The Community Builder to verify the information with the organization/agency providing the financial assistance I have claimed above. I grant permission for The Community Builder to confirm with organization / agency that I was referred by. I also grant The Community Builder the rights to all photographs that may be taken of my child or I for any and all promotional use for the Hope for the Holidays Program. I understand that requests are not guaranteed.

Signature of Parent/Guardian: _____ Date: _____

Print name of person picking up (if not parent/guardian): _____