2024 Hanson Community Christmas Application

FAMILY APPLICATION

Please complete this application **and REQUIRED QUALIFICATION DOCUMENTATION** and *submit it to the following address* ***no later than November 25, 2024***.

Hanson Community Christmas
P.O. Box 243, Hanson, MA 02341
Hansoncommunitychristmas@gmail.com

Once we receive your application, we will email you an ID # and provide pick-up information.

2024 QUALIFICATIONS (BOTH must be provided):

- ✓ **Current (within last 60 days) Proof of Hanson residency (i.e. current utility bill showing your name and address, lease, rent receipt, tax bill)**
- ✓ **Proof of Income – Page 1 of most recent tax return (remove social security information)**

Applications missing this information will not be considered.

We strive to fulfill all requests for assistance, priority will be given to those who demonstrate the greatest need.

Name: _____
Phone: _____
Address: _____
Email: _____

Please tell us about your household: Number of Adults Number of Children

Ages of **everyone** in household: _____

Please check if you receive assistance from other sources:

- ☐ SNAP
- ☐ Fuel Assistance
- ☐ Social Security
- ☐ Food Pantry
- ☐ Church
- ☐ Veteran
- ☐ Other

Have you applied for or anticipate receiving gift assistance from any other sources? ◯ Yes ◯ No
If Yes, Please specify

Would you like assistance purchasing a live Christmas Tree? Yes ◯ No ◯

Please write a brief statement about your family's situation so we can best assist you.

_____

_____

_____

HOUSEHOLD NEEDS: Please list items your household may need. (i.e. winter clothing, toiletries, bedding, towels, etc.) Please include sizes as applicable (King, Queen, Twin etc.)

_____

_____

_____

_____

Please complete the information below for each child.

Clothing: Please specify any color preferences and sizes are children's sizes or adult sizes.

Gift Requests: List ONE specific gift that your child would like (should be < $100 value)

Interests/Hobbies: Please let us know of there are TV shows, cartoons, books crafts, sports or activities

Video Game Requests MUST include the gaming system name and version

Our volunteers and generous donors do their best to provide that they will use and enjoy!!

Child #1

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (< $100)

Interests/Hobbies:

_____

_____

Child #2

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (<$100 value)

Interests/Hobbies:

_____

_____

Child #3

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (< $100 value)

Interests/Hobbies:

_____

_____

Child #4

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (< $100 value)

Interests/Hobbies:

_____

_____

Child #5

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (< $100 value)

Interests/Hobbies:

_____

_____

Child #6

Age ___ Gender ____ Grade _____

Clothing Size (Adult or Child) Top _____ Bottom _____ Shoe Size _____

GIFT REQUESTED: _____ (< $100 value)

Interests/Hobbies:

_____

_____