

Sweeny Police Department Operation Blue Santa Application

FOR OFFICE USE ONLY

Application Received by _____

Date _____

Status _____

APPLICANTS MUST LIVE WITHIN THE SWEENY SCHOOL DISTRICT AREA

DEADLINE FOR SUBMISSION: NOVEMBER 10, 2017

PLEASE NOTE THAT SUBMITTING THE APPLICATION IS **NOT AN AUTOMATIC ACCEPTANCE FOR ASSISTANCE**

Applicants Name /Spouse _____

Physical Address _____

Contact Phone Number (2) _____

Proof of Residency: Utility Bill Other _____

NAME ON PROOF OF RESIDENCY MUST MATCH THE NAME OF THE APPLICANT

Have you applied or do you plan to apply at any other helping organization for assistance this holiday season? ___ Yes ___ No

Where have/are you applying? _____

EMPLOYER: _____

TOTAL INCOME (WORK, SSI, VA ETC...) _____

Are you in Section 8 Housing? Y N

COMPLETE DETAILS BELOW OF ALL CHILDREN 13 YEARS AND YOUNGER WHO RESIDE IN THE HOME

*****MUST PROVIDE COPY OF REPORT CARD OF EACH CHILD *****

FAILURE TO DO SO WILL AUTOMATICALLY DENY YOUR APPLICATION WITHOUT NOTICE

NAME	AGE	SEX	PANT SIZE	SHIRT SIZE	SHOE SIZE	WISH LIST TOY (1 ITEM ONLY)
1.						
2.						
3.						

PLEASE EXPLAIN WHY YOU ARE REQUESTING ASSISTANCE: _____

**IF YOU HAVE APPLIED ANY TIME WITHIN THE PAST THREE (3) YEARS,
YOU WILL NOT QUALIFY FOR THE 2017 BLUE SANTA PROGRAM.**

**I UNDERSTAND THAT FALSE OR MISSING INFORMATION WILL CAUSE MY APPLICATION TO BE REJECTED
WITHOUT NOTICE. MUST PROVIDE ALL DOCUMENTATION AT TIME OF APPLYING.**

Officer Use ONLY

Delivered by: _____

Received by: _____

Picked up by: _____

Signature of Applicant

Date

**PICKUP TIME & LOCATION:
SWEENY COMMUNITY CENTER ON
DECEMBER 17, 2017 FROM 12 PM – 2 PM ONLY.
Call PD to make arrangements if cannot make time**