

# APPLICATION FOR HOLIDAY ASSISTANCE

Adult(s) Name(s)						
and birth date (s)						
* Address/Zip:						
Phone (s) / Email:						
Number of people in household by age:	Infant	Ages 1-10	Ages 11-17	Ages 18-59	Ages 60+	<b>TOTAL # in household</b>

First and Last Name	School Attending	Sex	Age	Comments

This table shows a yearly, monthly and weekly gross income based on household size. It is the same table used to determine eligibility for the Free and Reduced Price School Meals Program (2019-2020) school year.

Household Size	Yearly	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Each Additional Person Add	\$8,177	\$682	\$158

\* Only for Copley residents, and Fairlawn and Bath families with children attending Copley-Fairlawn City Schools.

Check the box if your household is any of the following:

Single Parent  
 Grandparent raising Grandchildren  
 Parent in Military  
 Foster Parent

Does your total gross household income based on the size of your household fall at or below the amounts indicated in the table on the left?

Yes  No

Note: Your household may still be eligible for assistance even if your income is above these guidelines.

Check the box(s) if any are sources of income for your household:

<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Pension/Retirement/Social Security	<input type="checkbox"/> Other Holiday Assistance Program
<input type="checkbox"/> Temp. Assistance for Needy Families	<input type="checkbox"/> Healthy Start/Healthy Families	<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps/Ohio Direction Card
		<input type="checkbox"/> Disability Benefits <input type="checkbox"/> Employment Wages

Statement of Need (give a brief statement why you feel your family should be considered for assistance):

Special Needs:

This information on this form is true.

**SIGNATURE OF ADULT HOUSEHOLD MEMBER**

DATE

FOR OFFICE USE ONLY - FOR INTERVIEWERS

PROOF OF RESIDENCY

COMMENTS:

NEW

INTERVIEWED BY:

DATE: