



2014 Houston Children's Charity HCC Closet Application



Date of Application: _____ (Please PRINT Clearly)

Name: _____

Spouse Name: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: Yes No Number: _____ Rent Amount: \$ _____

Cell Phone: Yes No Number: _____ Landlord Name: _____

Work Phone: Yes No Number: _____ Landlord Phone: _____

Marital Status: Married Single Parent Divorced Separated Living Together

Language: English Spanish Monthly household income, including any government assistance: \$ _____

PLEASE LIST ALL CHILDREN IN YOUR FAMILY

Childs Name: _____ Age: _____ Boy or Girl Birth Date: _____ Grade: _____

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Please provide the following information and then check off that you have attached each item:

- A hand written letter stating current situation A copy of each child's Birth Certificate A copy of applicant's valid photo ID
- A copy of applicant's Rental Agreement A copy of the applicant's **MOST CURRENT ELECTRIC BILL** and most current phone bill
- A copy of Food Stamps Letter, Medicaid Letter, or any other form of Government assistance

Note: Upon receipt of COMPLETE application and documentation, you will be eligible for the HCC Clothes Closet program. If contact information changes (phone number or address), please call our office to update your information. By submitting this form, you also agree to allow pictures of you and/or your children any publication.

Please mail this completed form along with copies of the required documents listed above to the following address:

FAX COPIES AND INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Houston Children's Charity • Memorial Dr., Suite F #562 • Houston, TX 77007