



2017 Houston Children's Charity Children's Bed 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: _____

Work Phone: Yes No Number: _____ Extension: _____

Marital Status: Married Single Parent Divorced Separated Living Together

Language: English Spanish How many children are in your Legal Custody? _____

What is your monthly household income, including any government assistance? \$ _____

(To receive a twin bed for your child, the child must be between 4 and 18 years old. Maximum of 4 beds per family.)

How many TWIN beds are you requesting? _____ Please list your children's information below:

Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____
Name _____	Age _____	Girl or Boy _____	Birth Date _____

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

- A hand written letter stating why you need beds A copy of each child's Birth Certificate A copy of your valid photo ID
- A copy of your Rental Agreement A copy of your most current electric bill and most current phone bill
- A copy of Food Stamps Letter, Medicaid Letter, or any other form of Government assistance A copy of check stub

Note: Participation in this program is limited and will be filled on a first come, first served basis. The program has a maximum of 4 beds to any one family on a one time basis. Upon receipt of COMPLETE application and documentation, you may be contacted to set up a site visit at your home with a representative of Houston Children's Charity. You will be notified of approval after the completion of the site visit. If your 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 in any HCC publication.

Please mail, fax or email this completed form along with copies of the required documents listed above to the following address: (incomplete requests will not be processed.)

**Houston Children's Charity • 5535 Memorial Dr., Suite F #562 • Houston, TX 77007
Fax (713)524-3199 • Email: abns@houstonchildrenscharity.net**