



# 2016 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 _____
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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**