



# 2017 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: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

- A hand written letter stating your current situation  A copy of each child's Birth Certificate  A copy of your valid photo ID
- 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 your check stub

**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.) Walk-in applications will not be accepted.**

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