



2018 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 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 • 600 N. Shepherd, Suite 104 Houston, TX 77007
Phone (713)864-2824 Fax (713)524-3199 • Email: closet@houstonchildrenscharity.net**