



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 ALL of 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

Note: Participation in this program is limited and will be filled on a first come, first served basis. Upon receipt of COMPLETE application and documentation, you will receive an appointment date within 30-60 days via mail or email. 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 and Walk-in applications WILL NOT be accepted.***

**Houston Children's Charity • 5161 San Felipe Ste. 320-216 Houston, TX 77056
Fax (713)524-3199 • Email: closet@houstonchildrenscharity.net**