



2019 Houston Children's Charity Christmas Application



Date of Application: _____ (Please PRINT Clearly)

Parent Name: _____

Spouse Name: _____

Mailing 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 (18 & UNDER ONLY)? _____

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

Please list all children in your legal custody under the age of 18:

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Please provide ALL of the following information and then check off that you have attached each item. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL INFORMATION IS CORRECT. HCC WILL NOT CONTACT YOU IF YOU ARE NOT APPROVED.

A hand written letter stating your current situation A copy of each child's birth certificate OR proof of guardianship A copy of your valid photo ID

A copy of your most current electric bill or most current phone bill Tax return or check stub (if applicable)

A copy of food stamps award letter, Medicaid letter, or any other form of government assistance award letters (if applicable)

IMPORTANT! PLEASE READ: 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 in early December 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 or fax 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. EMAIL WILL NOT BE ACCEPTED.

Houston Children's Charity • 5161 San Felipe Ste. 320-216 Houston, TX 77056
Phone (713)864-2824 Fax (713)524-3199