



Helping people. Improving lives.

MOUNTAIN MISSION, INC.

2017 CHRISTMAS FOOD BASKET APPLICATION

THIS APPLICATION IS FOR FOOD ONLY! TO APPLY FOR TOYS PLEASE CONTACT THE CHRISTMAS BUREAU AT 304.414.4405

HEAD OF HOUSEHOLD							
LAST NAME	FIRST NAME	SOCIAL SECURITY #	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO

SPOUSE							
LAST NAME	FIRST NAME	SOCIAL SECURITY #	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO

MAILING ADDRESS	CITY	STATE	ZIPCODE	CONTACT PHONE	ALTERNATE PHONE
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PHYSICAL ADDRESS (If using a PO Box you MUST submit a Physical Address)	CITY	STATE	ZIPCODE	COUNTY
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LIST OTHERS LIVING FULL TIME IN HOUSEHOLD								
LAST NAME	FIRST NAME	SOCIAL SECURITY #	RELATIONSHIP	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE COMPLETE BACK OF FORM – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

**COMPLETE THE FOLLOWING IF YOU DO NOT RECEIVE SNAP (FOOD STAMPS) or MEDICAL CARDS.
YOU MUST SUBMIT PROOF OF INCOME OR YOUR APPLICATION WILL BE DENIED!**

MONTHLY INCOME (NET)		MONTHLY EXPENSES	
EMPLOYMENT / WAGES	\$	RENT / MORTGAGE	\$
TANF (WELFARE)	\$	GAS (HEATING)	\$
SOCIAL SECURITY	\$	WATER / SEWER	\$
SSI / SS DISABILITY	\$	ELECTRIC	\$
VETERANS	\$	TELEPHONE	\$
PENSIONS	\$	FOOD	\$
UNEMPLOYMENT COMPENSATION	\$	OTHER EXPENSE: _____	\$
CHILD SUPPORT	\$	OTHER EXPENSE: _____	\$
WORKERS COMPENSATION	\$	OTHER EXPENSE: _____	\$
OTHER INCOME: _____	\$	OTHER EXPENSE: _____	\$

TOTAL NET INCOME	\$	TOTAL EXPENSES	\$
LESS EXPENSES	\$		
SPENDABLE INCOME	\$		

I UNDERSTAND THAT ALL INFORMATION REQUESTED IS REQUIRED FOR PROCESSING AND THAT THIS APPLICATION DOES NOT ENROLL ME IN ANY TOY/GIFT PROGRAM WITH MOUNTAIN MISSION, INC. OR ANY OTHER AGENCY. I UNDERSTAND THAT TO APPLY FOR A TOY/GIFT PROGRAM I AM TO CONTACT THE CHRISTMAS BUREAU FOR INFORMATION.

SIGNATURE: _____

DATE: _____

APPLICATION DEADLINE IS 5:00 P.M. DECEMBER 1ST, 2017

APPROVAL CARDS WILL BE MAILED NO LATER THAN DECEMBER 6th, 2017

SUBMIT COMPLETED FORM TO:

MOUNTAIN MISSION, INC.
1620 7th AVENUE
CHARLESTON, WV 25387

PHONE 304.344.3407

****IT IS YOUR RESPONSIBILITY TO SUBMIT YOUR SNAP (FOOD STAMP) LETTER, COPIES OF MEDICAL CARDS OR YOUR PROOF OF INCOME WITH THIS APPLICATION OR YOU WILL BE DENIED****