



Applicant Name (Last name, First name)

Please ensure you attach the following information/documents to assist in the processing of your application. All documents will be used only for the determination of Christmas assistance and will be destroyed upon completion of services for 2018.

**Please ensure you are submitting copies of the required documentation.
Please do not send originals.**

Household Income	Please provide information regarding your taxable household income.	Example: Tax assessment, pay stub
Proof of Edmonton residency	Please provide proof of Edmonton residency.	Example: Utility bill, lease agreement
Dwelling ownership / renting	Please indicate whether you own or rent your home.	Example: Renting—lease agreement

2018 ELIGIBILITY CRITERIA

- ⇒ Must be a resident of the City of Edmonton. Proof of residency is required.
- ⇒ Household income is taken into consideration.
- ⇒ Only those permanently residing in the household are eligible for assistance. Visiting family/friends are not eligible.
- ⇒ Dwelling ownership and value are taken into consideration.
- ⇒ **Downloading the application form requires copies of documents to be submitted with application to clarify eligibility.**

To apply for Christmas assistance please return the completed application form and documents to the Christmas Bureau of Edmonton. You only need to send your application in once. Please choose one of the three options for returning your application.

Mail this application and documentation to: **P.O. Box 16000, Edmonton, AB T5J 4B4**

Fax this application and documentation to: **780-454-6087**

Email this application and documentation to: **intake@christmasbureau.ca**

Please ensure both sides of the application form and all necessary documentation is provided.

Missing information will delay the application process.

A Christmas Bureau of Edmonton Intake Worker may call to verify information provided.

All applications and documents will be destroyed upon delivery of service.



Our MANDATE:
To provide a festive meal and coordination of Christmas giving to Edmontonians in need.

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUIRED.

Incomplete or ineligible applications may delay the processing of your application for assistance.

LAST NAME **FIRST NAME** **INITIAL** **AGE**

SUITE # **ADDRESS** **CITY**

POSTAL CODE **BUZZER #** **PHONE NUMBER** **EMAIL ADDRESS**

Please note that the gift(s) you are asking to receive is funded through community donations and are not funded by or an extension of any government programs. The Christmas Bureau attempts to make every effort to provide the services as requested; however, there may be times that we are unable to provide the service as requested and may have to substitute an alternative service. We appreciate your understanding in the distributions of community funded gifts.

Which do you prefer: Food Hamper _____ Food Gift Card _____

Toys for children 12 and under: Yes _____ No _____ Gift card for youth 13—17 years: Yes _____ No _____

List any family members permanently living with you and under your care who may also need assistance.

LAST NAME	First Name	Relationship to you (e.g.: wife, husband, daughter, son, etc.)	Male or Female	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I agree that the information provided by me will be shared with the partner organization(s) for the purpose of processing this application, including verification of information and delivery of services including 630 CHED Santas Anonymous for toys.

Applicant Signature _____

For statistical purpose, please advise if you are receiving any of the following assistance?
Please check all that apply.

_____ Income Support	_____ Day Care Subsidy
_____ A.I.S.H.	_____ Out of School Care Subsidy
_____ P.D.D.	_____ Children’s Services
_____ Alberta Seniors Benefit	_____ Alberta Adult/Child Health Benefit

DO NOT WRITE IN THIS SPACE

DATE: _____

Intake Name: _____

Data Name: _____

Coding # _____

Application # _____