



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 2019.

**Please ensure you are submitting copies of the required documentation. Please do not send originals as they will not be returned.**

Household Income	Please provide information regarding your combined household income. Example: Notice of Assessment, Pay Stubs, Canada Child Benefits, Alberta Supports, A.I.S.H.
Proof of Edmonton residency	Please provide proof of Edmonton residency. Example: Utility bill; Lease Agreement (Page 1, Page 2 and last page of agreement)
ID for all individuals on the application form	Please include ID with birth dates for everyone on the application. Example: Alberta Health Care card; Birth Certificate, School ID
Dwelling ownership / renting	Please indicate whether you own or rent your home. Example: Renting—lease agreement (Page 1, Page 2 and last page of agreement)

### 2019 ELIGIBILITY CRITERIA

- Must be a resident of the City of Edmonton. For those residing outside the corporate limits of Edmonton, please visit [211.ca](http://211.ca) for assistance in your region.
- Combined household income is taken into consideration.
- Only those permanently residing in the household are eligible for assistance. Visiting family/friends are not eligible. Identification is required for everyone on the application.
- Dwelling ownership and value are taken into consideration.
- Those residing in a designated facility (e.g.: nursing home, group home, shelters) or in a residence where meals are provided are not eligible for assistance from the Christmas Bureau of Edmonton.
- When submitting application please ensure that copies (not originals) of support documents are attached to the application. Applications without support documentation or missing information will be delayed in processing.
- A Christmas Bureau of Edmonton Intake Worker may call to verify information provided.
- All applications and documents submitted will be destroyed upon delivery of service.
- **DEADLINE TO APPLY** — applications and documents must be received in the Christmas Bureau office no later than **NOVEMBER 29, 2019** to be eligible for delivery of Christmas services.

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: **#1, 12122 68 St, NW Edmonton, AB T5B 1R1**

Fax this application and documentation to: **780-414-7695**

Scan and email this application and documentation to: **[intake@christmasbureau.ca](mailto:intake@christmasbureau.ca)**

- ◆ Please ensure both sides of the application form and all necessary documentation (copies) 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.)	M / F	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 data/informational purpose, 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 # \_\_\_\_\_