

# 2016 ROMULUS GOODFELLOW APPLICATION

PLEASE COMPLETE AND RETURN APPLICATION PAGES 1 & 2  
AND ALL SUPPORTING DOCUMENTS BY MAIL TO:

**ROMULUS GOODFELLOWS  
PO BOX 74035  
ROMULUS, MI 48174**

**ALL APPLICATIONS MUST BE SUBMITTED BY MAIL AND BE  
POSTMARKED NO LATER THAN WEDNESDAY, NOVEMBER 30,  
2016 TO BE CONSIDERED.**

**GOODFELLOW DONATIONS  
MUST BE PICKED UP IN PERSON ON:**

**THURSDAY, DECEMBER 15, 2016  
BETWEEN  
10:00 A.M. TO 2:00 P.M.**

**MARK YOUR  
CALENDAR!!**

**AT:  
ROMULUS CITY HALL  
11111 WAYNE  
ROMULUS, MI 48174  
1<sup>ST</sup> FLOOR**

**CALL 734-955-4577 FOR FURTHER DETAILS**

The Romulus Goodfellows will notify all applicants by U.S. mail if application is not  
complete or if the application has been disqualified.

**PLEASE DO NOT RETURN THIS PAGE, KEEP THIS PAGE FOR  
IMPORTANT DATES!**



**NOTE: APPLICANTS 60 YEARS AND OLDER MUST USE SENIOR APPLICATION**

**STATEMENT OF UNDERSTANDING AND ACCEPTANCE**

**I AGREE THAT:**

1. My legal residence is located within the legal boundaries of the City of Romulus. Non-residents will not be considered for assistance.
2. I understand that if my name appears on another agency's list or someone else's list that the Romulus Goodfellows works with, I will be dropped from one or the other's list.
3. Any intentional omission of income or failure to disclose any financial or material assistance from any charitable agency or church by any applicant will eliminate the applicant from consideration by the Goodfellows.
4. Submission of an application for Christmas assistance is not a guarantee that my family will receive anything from the Romulus Goodfellows.
5. The Romulus Goodfellows is a not-for-profit organization made up of volunteers who rely strictly on donations from the community, its businesses and organizations.

**Pick up:** I understand that the Romulus Goodfellows' donations should be picked up on Thursday, December 15, 2016 between the hours of 10:00 a.m. and 2:00 p.m. at Romulus City Hall, 11111 Wayne, Romulus, MI 48174. I further understand that the Romulus Goodfellows cannot make special delivery dates or times.

**TO ASSIST GOODFELLOWS IN PROCESSING YOUR APPLICATION YOU MUST PLEASE MAIL COPIES OF THE FOLLOWING WHEN SUBMITTING YOUR APPLICATION FOR CONSIDERATION.**

- CURRENT PICTURE ID (STATE OF MICHIGAN OR CURRENT DRIVER'S LICENSE)
- CURRENT LEASE AGREEMENT OR MORTGAGE STATEMENT
- CURRENT UTILITY BILL OR CURRENT CELL PHONE BILL
- BIRTH CERTIFICATES AND CURRENT REPORT CARDS AND OR LETTERS FROM SCHOOL VERIFYING ENROLLMENT FOR ALL CHILDREN
- PROOF OF CUSTODY OR GUARDIANSHIP FOR CHILDREN RESIDING WITH APPLICANT THAT ARE NOT APPLICANT'S CHILDREN
- PROOF OF INCOME, PINK SLIP OR UNEMPLOYMENT CHECK STUB

*To qualify for consideration the total household income for all residents 16 years of age and older must not exceed the amount listed below.*

**CURRENT HUD MODERATE INCOME LIMITS**

|          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
| 1 PERSON | 2 PERSON | 3 PERSON | 4 PERSON | 5 PERSON | 6 PERSON | 7 PERSON | 8 PERSON |
| \$37,950 | \$43,350 | \$48,750 | \$54,150 | \$58,500 | \$62,850 | \$67,150 | \$71,500 |

**DO NOT RETURN THIS PAGE**

Family Number: \_

## 2016 ROMULUS GOODFELLOWS RECIPIENT APPLICATION

**I AGREE THAT:**

1. My legal residence is located within the legal boundaries of the City of Romulus. Non-residents will not be considered for assistance.
2. I understand that if my name appears on another agency's list or someone else's list that the Romulus Goodfellows works with, I will be dropped from one or the other's list.
3. Any intentional omission of income or failure to disclose any financial or material assistance from any charitable agency or church by any applicant will eliminate the applicant from consideration by the Goodfellows.
4. Submission of an application for Christmas assistance is not a guarantee that my family will receive anything from the Romulus Goodfellows.
5. The Romulus Goodfellows is a not-for-profit organization made up of volunteers who rely strictly on donations from the community, its businesses and organizations.

I, \_\_\_\_\_, by signing this form, give my permission to the Romulus Goodfellows Organization to release any information from my application for Christmas assistance to other agencies and churches that may want to assist my family this Christmas Season.

I have read or have had explained to me the following and agree by signing this form to abide by the rules set for the Christmas Assistance Program for the Romulus Goodfellows Organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOUSEHOLD INCOME WORKSHEET**

*Please enter all regular monthly income, for EVERY person over the age of 16 living in the house, in the columns below. Amounts to include wages, benefits such as pensions or retirement money, social security, public or private assistance of any kind, Alimony and Child Support. Documentation may be requested to verify the information provided.*

| <b>GENERAL APPLICANT INFORMATION</b>   |                        |   |        |      |              |
|--|------------------------|---|--------|------|--------------|
| For additional information or assistance with application, leave name and contact phone number at 734-955-4577.<br>Someone will return your call as soon as possible |                        |   |        |      |              |
| Name:  |                        | Driver's License #:                                 |        |      |              |
| Spouse:  |                        | Driver's License #:                                 |        |      |              |
| Address:   |                        |   |        |      |              |
| City: <b>ROMULUS</b>   | State: <b>MICHIGAN</b> | ZIP: <b>48174</b>                                   |        |      |              |
| Applicant's Age:   |                        | Spouse's Age:                                       |        |      |              |
| Daytime Phone Number:  |                        |   |        |      |              |
| <b>PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL PERSON CURRENTLY LIVING AT THIS ADDRESS.</b>   |                        |   |        |      |              |
| <b>NOTE: PRESENTATION OF A BIRTH CERTIFICATE AND RECENT REPORT CARD OR LETTER FROM SCHOOLS VERIFYING ENROLLMENT FOR EACH SCHOOL AGE CHILD WILL BE REQUIRED</b>       |                        |   |        |      |              |
|  | NAME                   | SCHOOL  | AGE    | SEX  | RELATIONSHIP |
| PERSON 1   |                        |   |        |      |              |
| PERSON 2   |                        |   |        |      |              |
| PERSON 3   |                        |   |        |      |              |
| PERSON 4   |                        |   |        |      |              |
| PERSON 5   |                        |   |        |      |              |
| PERSON 6   |                        |   |        |      |              |
| PERSON 7   |                        |   |        |      |              |
| PERSON 8   |                        |   |        |      |              |
| PERSON 9   |                        |   |        |      |              |
| PERSON 10  |                        |   |        |      |              |
| <b>HOUSING INFORMATION</b>   |                        |   |        |      |              |
| Name of Mortgage Company/Landlord  |                        | Current monthly mortgage/land contract/rent payment | \$     |      |              |
| Landlord's Address:  |                        | City:   | State: | Zip: |              |
| Landlord's Telephone:  |                        | Total Monthly Utility Bills:                        | \$     |      |              |

**2016 ROMULUS GOODFELLOWS RECIPIENT APPLICATION- Continued**

| ESTIMATED 2016 INCOME   |                     |                           |                           |                      |         |
|---|---------------------|---------------------------|---------------------------|----------------------|---------|
| Family Members  | Monthly Wage/Salary | Monthly Benefits/Pensions | Monthly Public Assistance | Other Monthly Income |         |
|   |                     |                           |                           | Amount               | Specify |
| Applicant   |                     |                           |                           |                      |         |
| Spouse  |                     |                           |                           |                      |         |
| Person 1  |                     |                           |                           |                      |         |
| Person 2  |                     |                           |                           |                      |         |
| Monthly Totals  | a.                  | b.                        | c.                        | d.                   |         |
| Total Monthly Anticipated Income (add together "a", "b", "c", and "d" ) |                     |                           |                           |                      | e.      |
| Total Annual Anticipated Income (multiply "e" by 12                     |                     |                           |                           |                      | f.      |

| CHARITABLE ASSISTANCE   |  |
|---|--|
| List below any holiday or other assistance received in the past from any charitable organizations or associations or churches |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| MAKE/MODEL OF VEHICLES REGISTERED AT THIS ADDRESS |  |
|---|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |

| SPECIAL CIRCUMSTANCES  |
|--|
| Please indicate any special circumstances that should be considered by the Goodfellows when reviewing this application for assistance.<br>i.e. illness, loss of work, mortgage foreclosure, abandonment, utility disconnects, etc. |
|  |

This area for office use only

|          | Reviewer | Notes |
|----------|----------|-------|
| REVIEW 1 |          |       |
| REVIEW 2 |          |       |
| REVIEW 3 |          |       |

**2016 Goodfellows  
DOCUMENTATION CHECKLIST  
RETURN ONLY APPLICATION PAGES 1 & 2**

Please make sure you attach *CURRENT* copies of all the following documentation  
before mailing your application to:

**ROMULUS GOODFELLOWS  
PO BOX 74035  
ROMULUS, MI 48174**

|  |   |
|--|---|
|  | Current Picture ID or Current State of Mich. Driver's license with Romulus mailing address for all adults listed on application |
|  | Current Lease Agreement or Mortgage Statement   |
|  | Current Utility or Current Cell Phone Bill- Proof of residency  |
|  | Birth Certificates or Proof of Custody for each child   |
|  | Current Proof of income, Pink Slip or Most Recent Unemployment Check Stub for all adults age 18 and over in the home.           |
|  | Current Report cards or letters verifying enrollment for all school age children  |

**Application must be post marked no later than Wednesday,  
November 30, 2016 to be considered for the 2016 Holiday Gifting  
Season**

***The Romulus Goodfellows will notify all applicants by U.S.  
mail if application has been disqualified.***

**RETURN ONLY APPLICATION PAGES 1 & 2**