

2017 ROMULUS GOODFELLOWS APPLICATION

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

ROMULUS GOODFELLOWS
PO BOX 74035
ROMULUS, MI 48174

OR

Goodfellows Drop Box
11111 Wayne Rd.
Romulus, MI 48174
(located at City Hall)

ALL APPLICATIONS MUST BE POSTMARKED OR DROPPED OFF
IN THE GOODFELLOWS DROP BOX NO LATER THAT
NOVEMBER 30, 2017 TO BE CONSIDERED.

GOODFELLOW DONATIONS
MUST BE PICKED UP IN PERSON ON:

THURSDAY, DECEMBER 14, 2017
BETWEEN
10:00 A.M. TO 2:00 P.M.

AT:

ROMULUS CITY HALL
11111 WAYNE
ROMULUS, MI 48174
1ST FLOOR

No special delivery dates or times will be made.

MARK YOUR
CALENDAR!!
NO NOTICE
WILL BE
SENT

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!



**ROMULUS GOODFELLOWS FAMILY APPLICATION
FOR CHRISTMAS ASSISTANCE 2017**

**NOTE: THIS APPLICATION IS FOR RESIDENTS WITH CHILDREN
IN THE HOME AGES 16 OR YOUNGER ONLY**

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

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

1. CURRENT PICTURE ID OF ALL ADULTS LISTED ON THE APPLICATION - FRONT AND BACK (STATE OF MICHIGAN OR CURRENT DRIVER'S LICENSE) MUST SHOW CURRENT ROMULUS ADDRESS
2. CURRENT LEASE AGREEMENT OR MORTGAGE STATEMENT IN NAME OF APPLICANT
3. CURRENT UTILITY BILL OR CURRENT CELL PHONE BILL WITH CURRENT ADDRESS
4. BIRTH CERTIFICATES AND CURRENT REPORT CARDS AND OR LETTERS FROM SCHOOL VERIFYING ENROLLMENT FOR ALL CHILDREN FOR THE SEPTEMBER 2017 SCHOOL YEAR
5. PROOF OF CUSTODY OR GUARDIANSHIP FOR CHILDREN RESIDING WITH APPLICANT THAT ARE NOT APPLICANT'S CHILDREN
6. PROOF OF INCOME, PINK SLIP OR UNEMPLOYMENT CHECK STUB FOR ALL HOUSEHOLD RESIDENTS 16 YEARS OF AGE OR OLDER
7. PLEASE SUBMIT ALL DOCUMENTS IN ORDER LISTED ABOVE LABELED 1-6

*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
\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500

DO NOT RETURN THIS PAGE

**2017 Goodfellows
DOCUMENTATION CHECKLIST
RETURN ONLY APPLICATION PAGES 1 & 2**

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

ROMULUS GOODFELLOWS

PO BOX 74035

ROMULUS, MI 48174

OR

ROMULUS GOODFELLOWS DROP BOX

LOCATED AT ROMULUS CITY HALL

11111 WAYNE RD., ROMULUS, MI 48174

1.	Current Picture ID or Current State of Mich. Driver's license with Romulus mailing address for all adults listed on application - Front and Back
2.	Current Lease Agreement or Mortgage Statement in Applicant Name and Address
3.	Current Utility or Current Cell Phone Bill with Current Address on Bill
4.	Birth Certificates or Proof of Custody for each child
5.	Current Proof of income, Pink Slip or Most Recent Unemployment Check Stub for all adults age 16 and over in the home
6.	Current Report cards or letters verifying enrollment for all school age children for September 2017 School Year

**Application must be post marked or dropped off to the
Romulus Goodfellows Drop Box no later than November 30, 2017
to be considered for the 2017 Holiday Gifting Season**

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

**RETURN ONLY APPLICATION PAGES 1 & 2 AND
COPIES IN ORDER AS LISTED ABOVE**

Family Number: _____

ROMULUS GOODFELLOWS FAMILY APPLICATION FOR CHRISTMAS ASSISTANCE 2017

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 _____

GENERAL APPLICANT INFORMATION					
For additional information or assistance with application, leave name and contact phone number at 734-955-4577. Someone will return your call as soon as possible					
Name:		Driver's License #:			
Spouse:		Driver's License #:			
Address:					
City: ROMULUS	State: MICHIGAN	ZIP: 48174			
Applicant's Age:		Spouse's Age:			
Daytime Phone Number:					
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD CURRENTLY LIVING AT THIS ADDRESS.					
CHILD NAME FOR AGES 16 AND UNDER	SCHOOL AND OFFICE PHONE #	AGE	SEX	RELATIONSHIP	
CHILD 1					
CHILD 2					
CHILD 3					
CHILD 4					
CHILD 5					
CHILD 6					
CHILD 7					
CHILD 8					
CHILD 9					
CHILD 10					
HOUSING INFORMATION					
Name of Mortgage Company/Landlord		Current monthly mortgage/land contract/rent payment	\$		
Landlord's Address:		City:	State:	Zip:	
Landlord's Telephone:					
MONTHLY UTILITY BILLS					
TYPE	AMOUNT	COMPANY			
	\$				
	\$				
	\$				

2017 ROMULUS GOODFELLOWS RECIPIENT APPLICATION- Continued

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.

ESTIMATED 2017 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	
ORGANIZATION NAME	CITY OF ORGANIZATION/ YEAR ASSISTANCE RECEIVED

YEAR/MAKE/MODEL OF VEHICLES REGISTERED AT THIS ADDRESS				
	Year	Make	Model	Payment Amount
1.				
2.				
3.				
4.				

SPECIAL CIRCUMSTANCES
Please indicate any special circumstances that should be considered by the Goodfellows when reviewing this application for assistance. 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		