

APPLICATION

GOOD FELLOWS OF LEE COUNTY

CHRISTMAS BASKET PROGRAM

- 1) YOU MUST BE A RESIDENT OF LEE COUNTY
- 2) YOU MUST MEET INCOME GUIDELINES

HOUSEHOLD SIZE	GROSS INCOME	HOUSEHOLD SIZE	GROSS INCOME
1	1174	6	3200
2	1579	7	3605
3	1984	8	4010
4	2389	9	4416
5	2794	10	4822

- 3) FOR AN INCOME MUST BE VERIFIED 30 DAY PERIOD. COPIES OF PAY STUBS, BANK STATEMENTS, EMPLOYER PRINTOUTS, AWARD LETTERS, ETC. CAN BE USED TO VERIFY INCOME. ANY MONEY COMING INTO THE HOUSEHOLD IS COUNTED AS INCOME. ALL INFORMATION MUST BE READABLE. IF THERE HAS BEEN A CHANGE IN CIRCUMSTANCES OR RECENT HARDSHIP, PLEASE EXPLAIN. IF THERE IS NO VERIFICATION OF INCOME OR A STATEMENT FROM A RELIABLE SOURCE OF HOW YOU ARE MEETING YOUR LIVING EXPENSES, YOUR APPLICATION WILL BE DENIED.
- 4) YOUR APPLICATION MUST BE RECEIVED BY OCT 31ST. IF YOUR APPLICATION IS RECEIVED AFTER THIS DATE, YOUR BENEFITS WILL BE REDUCED.
- 5) YOUR APPLICATION MUST BE SIGNED BY THE HEAD OF THE HOUSEHOLD.
- 6) WE MUST BE ABLE TO READ ALL INFORMATION. WRITE CLEARLY AND BE SURE ALL INFORMATION IS FILLED IN CORRECTLY.
- 7) IF YOUR APPLICATION IS APPROVED, YOU WILL RECEIVE A NOTICE NO LATER THAN 12/15/11.
- 8) IF YOU REQUEST A FOOD VOUCHER ONLY, IT WILL BE MAILED TO YOU THE WEEK BEFORE CHRISTMAS.
- 9) IF YOU MOVE OR CHANGE PHONE NUMBERS, PLEASE SEND US A WRITTEN STATEMENT WITH THE NEW INFORMATION.
- 10) YOU MAY REACH US AT THE FOLLOWING:

MARILYN RHODES
1652 HOYLE ROAD
DIXON, IL 61021

18154405688

HARRIET HALGREN
1521 S COLLEGE AVE
DIXON, IL 61021

18159738444

KEEP THIS PAGE FOR FUTURE REFERENCE

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

HOUSEHOLD MEMBERS STARTING WITH OLDEST FIRST (INCLUDE YOURSELF).

NAME	AGE	SEX	SIZE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

___ ADDITIONAL NAMES AND GIFT IDEAS MAY BE LISTED ON THE BACK OF THIS PAGE.

PLEASE CHECK ___ EVERYTHING ___ FOOD ONLY ___ TOYS ONLY

___ CLOTHES ONLY ___ CHRISTMAS DECORATION ONLY

NAME _____

PRINT NAME CLEARLY _____

DATE _____

MAIL TO: MARILYN RHODES 1652 HOYLE RD, DIXON, IL 61021