



Greensburg Daily News

CHEER FUND

APPLICATION FOR ASSISTANCE

To be considered for assistance you must: 1.) Complete the application legibly and in ink. 2.) Decatur County Residents only (Rural or City). 3.) Children under the age of 2-1/2 should be listed as months, so gifts are age appropriate. 4.) **Children ages 16 and over will receive clothing certificates only.**

Form must be returned to the Daily News office, 135 S. Franklin St., PO Box 106, Greensburg, IN 47240, no later than 4 p.m. Dec. 6. Deliveries made morning of Sat., Dec. 23.

Adult #1 Name _____ Age ____ Where Employed _____ How long _____

Adult #2 Name _____ Age ____ Where Employed _____ How long _____

Mailing Address _____ P.O. Box / Lot # / Apt # (circle if applicable) _____

Physical Address _____

Town _____ Phone #1 _____ Phone #2 _____

If you live in the county, give directions _____

Alternate Contact _____ Phone # _____

LIST ONLY THE MEMBERS WHO ARE LIVING IN YOUR HOUSEHOLD AT THIS TIME

All children must be in school if of school age. Please submit curriculum if enrolled in online school. If under 2-1/2 years old, please use months. Please attach a separate sheet if additional children/adults are in household.

Child's legal name	Age	Boy or Girl	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Adults in Home _____ Age ____ Relationship _____ Where employed _____
_____ Age ____ Relationship _____ Where employed _____

MONTHLY INCOME OF ALL IN HOUSEHOLD	Adult #1	Adult #2	All Others (Total)
Take home pay/Retirement Income	\$ _____	\$ _____	\$ _____
TANF received	\$ _____	\$ _____	\$ _____
Child support received	\$ _____	\$ _____	\$ _____
Food stamps received	\$ _____	\$ _____	\$ _____
Social Security SS - SSI - VA - SSDI	\$ _____	\$ _____	\$ _____
Unemployment received	\$ _____	\$ _____	\$ _____
Rental Assistance received	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

TOTAL COMBINED INCOME ----- \$ _____

MONTHLY EXPENSES

Rent House Payment \$ _____ Phone \$ _____ Electric \$ _____ Heat \$ _____
Food/household supplies \$ _____ Cable \$ _____ Water \$ _____ Babysitter \$ _____
Car payment \$ _____ Car insurance \$ _____ House insurance \$ _____ Medical insurance \$ _____
Other expenses (specify what type of expense) _____ \$ _____
Other expenses (specify what type of expense) _____ \$ _____

TOTAL OF ALL THE EXPENSES LISTED ABOVE ----- \$ _____

BALANCE LEFT IF ANY (subtract expense total from income total)----- \$ _____

I certify the information below to be true to the best of my knowledge.

I, the undersigned do hereby authorize the Daily News Cheer Fund Screening Committee to contact the following persons or agencies to determine if any kind of charitable assistance or gift will be given to me or my family during the current Christmas season. Subsequently I/We authorize the release of any information requested to the Daily News Cheer Fund. Example: Financial Institutions, Schools, Attorney, Employer(s), Landlord, Government Agency, Community Service Agency, and Relative, Friend, Neighbor or Others. I understand that all personal information requested to determine the charitable assistance or gift will be treated as confidential.

_____ (Signature) All Forms MUST be signed. _____ Date

Please complete information below if submitted by individual not living at address above. In requesting assistance, I have verified all information is correct with the family and they are aware I have submitted this application on their behalf.

Name _____ Relationship _____

Address _____ Phone # _____

(Signature) _____

Office Use Only: Toys Yes No Food for _____ Yes No Certificates Yes No