



# Greensburg Daily News

# CHEER FUND

## APPLICATION FOR ASSISTANCE

To be considered for assistance you must: 1.) Complete the application clearly & in full. 2.) Decatur County Residents only (Rural or City). 2.) Please note, in 2023 families will be given food and gift cards in a drive-thru distribution.

Form must be returned to the Daily News office, 135 S. Franklin St., PO Box 106, Greensburg, IN 47240, no later than 3 p.m. Dec. 1, Drive-thru pick up on Sat., Dec. 16

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) \_\_\_\_\_

Town \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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. Please attach a separate sheet if additional children/adults are in household.

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

Total number of people living in the household: \_\_\_\_\_

MONTHLY INCOME OF ALL IN HOUSEHOLD	Adult #1	Adult #2	All Others (Total)
Take home pay/Retirement Income(after taxes)	\$ _____	\$ _____	\$ _____
TANF received	\$ _____	\$ _____	\$ _____
Child support received	\$ _____	\$ _____	\$ _____
Food stamps received	\$ _____	\$ _____	\$ _____
Social Security SS - SSI - VA - SSDI	\$ _____	\$ _____	\$ _____
Unemployment received	\$ _____	\$ _____	\$ _____
Rental Assistance received	\$ _____	\$ _____	\$ _____
Others living in the home income	\$ _____	\$ _____	\$ _____
Others living in the home income	\$ _____	\$ _____	\$ _____
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. You will receive a text message with your approval.  
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)\_\_\_\_\_

A postcard will be mailed to your home address letting you know if you have been approved or not.

If approved pick up time and date are: Saturday, December 16th from 9:00am - 12:00pm

at the Decatur County Fairgrounds