

PAWNEE COUNTY HOLIDAY ANGEL TREE 2020 APPLICATION

Date of Application _____

Applicant Name _____ Soc. Sec # _____

Address _____ City _____ Zip _____

Phone _____

Employer _____ Monthly Income _____

Spouse/Friend in Home _____ Soc. Sec # _____

Employer _____ Monthly Income _____

Do you receive a monthly child support payment? YES NO

Receiving benefits through Health & Human Services? YES NO

Do you have legal custody /guardianship of children you're applying for?
 YES NO

First Name	Sex (M / F)	Age	Clothing Size			Gift Request Ideas
			tops	pants	shoes	

I understand by signing this form I give permission to the Pawnee County Holiday Angel Tree Program to verify any of the above information with employer and/or any Human Services Agency. I also understand that providing false information will result in my application being denied. I understand this information will be released to organizations providing assistance through this program.

Applicant Signature _____

Contact SENCA Family Development Specialist Nicole Wilken 1-402-297-7427 for Questions.

Applications due to Pawnee City Hall by December 2nd, 2020 by 4 P.M.

NOTE: Application does not guarantee participation in this program.

Eligibility will be based on need and resources available.