

BLACK RIVER GOOD NEIGHBOR SERVICES, Inc.
APPLICATION FOR 2009 HOLIDAY BASKET PROGRAM
Application must be submitted by December 1, 2009*

Name _____ Date _____

Spouse or Significant Other (SoSO): _____

TOWN: _____ PHONE: _____

ADDRESS: Describe house and its location;(i.e. blue house with red shutters on right second from end)

PLEASE INSURE THAT YOUR HOUSE NUMBER AND NAME ARE DISPLAYED ON FRONT OF HOUSE OR FRONT OF DRIVEWAY TO HELP WITH DELIVERY.

<u>CHILDREN/OTHERS (UNDER 19 OR OVER 80):</u>	SEX	CLOTHING	GIFT
NAME	(M or F)	SIZE	WISH LIST (A FEW IDEAS)
1 _____	*	*	*
2 _____	*	*	*
3 _____	*	*	*
4 _____	*	*	*

EMPLOYEED Y__N__ WHERE: _____

SoSO EMPLOYED Y__N__ WHERE: _____

WEEKLY NET WAGES: SELF: _____ SoSO: _____

INCOME:

Anfc Grant _____ Unemployment _____ Social Security _____

Disability _____ Child Support _____ Other Income _____

EXPENSES:

Rent _____ Loans _____ Heating/Fuel _____ Electricity _____

Why do you need a food basket?

Signature: _____

Preference: Frozen Turkey () or Baked Chicken ()