



## The Salvation Army

### Thanksgiving Assistance

Family Size: \_\_\_\_\_ # of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

Head of Household Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Gender: \_\_\_\_\_ Last 4 Social: \_\_\_\_\_ Email: \_\_\_\_\_

List Others in Household:

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**Monthly Financial Income: Please list all sources of income or government assistance.**

Wage: Adult # 1 Gross: \_\_\_\_\_ Adult # 2 Gross: \_\_\_\_\_

Unemployment: \_\_\_\_\_ Disability: \_\_\_\_\_

SS/SSI: \_\_\_\_\_ Utility Reimbursement: \_\_\_\_\_

Other: \_\_\_\_\_ HUD: \_\_\_\_\_