



Westland Goodfellows
734-725-8798
32150 Dorsey St.
Westland MI 48186
www.westlandgoodfellows.org

2024 “No Child Without a Christmas” Program

Dear City of Westland Applicant,

The 2024 Christmas season is upon us and the Westland Goodfellows look forward to assisting you to provide a special Christmas to your family. Please remember that the Goodfellows is a 100% volunteer organization, some of us may be new but we are trying our best to help the community.

- This application is for **WESTLAND RESIDENTS WITH CHILDREN ONLY**, and proof of residency is required.
- Deadline for application is **November 15th, 2024**, no extensions will be granted without a verifiable emergency.
- Your Application **MUST** be completed in **FULL** at the time of you turning in. Incomplete applications will not be accepted. All requested documents are **MANDATORY** and **MUST** be attached.
- You will receive a phone call, email or text from the Goodfellows with your approval status, within one week to two weeks of your turning in the application.
- **DO NOT** apply to any other program offering Christmas help for the same children on this application. We will remove you from our program if we find you on another list.
- Many families are being adopted by the business community, so please **complete the wish list, one for each child.**
- Any purchases made at Meijer with our gift vouchers are intended for your child and will be reviewed by the Goodfellows. Any misuse will result in termination from the program.

Merry Christmas to your family and may the New Year be better for us all!

Sincerely yours,

The Westland Goodfellows
Application Committee

THE WESTLAND GOODFELLOWS 2024 APPLICATION

"No Child Without a Christmas"

***APPLICANTS PLEASE NOTE: IN ORDER TO BE CONSIDERED YOU MUST:

- 1. Be a City of Westland resident with children that reside with you FULL TIME. Proof of this must be attached.
2. Complete ALL portions of this application, and attach ALL required documents.
3. Answer all questions truthfully and accurately. False statements and/or missing documents may result in denial.
4. Applicant's SIGNATURE is required on the back page. Copy of DRIVERS LICENSE or STATE I.D. must be attached.
5. Submit complete application and all documents by the deadline.

*** NOTICE: DEADLINE FOR SUBMITTING APPLICATION IS NOVEMBER 15th, 2024 ***

In completing this application, you are authorizing the Westland Goodfellows to verify the information you have provided, and to compare applicant and children's names with other charitable toy programs. APPLYING TO MORE THAN ONE PROGRAM COULD RESULT IN DENIAL FROM BOTH PROGRAMS. All other information will be kept confidential. After your application is reviewed and information is verified, you will be contacted by phone, email or text message.

DOCUMENTS REQUESTED ARE MANDATORY

MISSING DOCUMENTS WILL RESULT DENIAL OF THIS APPLICATION.

Attach COPIES only, originals will not be returned. Keep the Distribution Information Sheet, with pick-up time, date & location.

1. Applicant's Name: (PLEASE PRINT ALL INFORMATION) Driver's Lic. or State I.D. #: Military Veteran?

2. Spouse/Partner's/Live in Boyfriend/Girlfriend Name: Is copy of this ID attached: YES NO

3. Address: (Copy of current lease, rent receipt, utility, phone bill or other mail dated within last 30 days is required) Is copy of this ID attached: YES NO

4. Telephone Number and alternate contact/number (Must have working number and alternate. Email also if available)

5. Parents or other Adults living at this Address: email: Total number of people living at this address:

6. Children: Only list children who live with you full time & are 15 years old or younger, as of Christmas Day

Table with 4 columns: Child's Full Name, Date of Birth, Male/Female, ID Number of Birth Certificate or other proof of birth document. *Copy must be attached.

*If additional lines are needed please attach a separate sheet).

7. Monthly Income: YOU MUST list amounts and attach recent copies for all that apply. Documents must be dated within last 30 days. Do not send originals, they will not be returned. Applications with \$0.00 income will be questioned and possibly denied.

Applicant's Employer _____ *Monthly Gross \$ _____
Spouse/Partner's Employer _____ *Monthly Gross \$ _____
* Unemployment _____ *Social Security or SSI Amount \$ _____
*Workman's Comp. _____ *Child's Soc. Sec or SSI \$ _____
*DHS Case Number _____ *Child Support \$ _____
*DHS Cash Assistance _____ *Bridge Card/Food Stamps _____
*Other \$ _____ Including cash payments, gifts of money, student stipends, etc. If someone is helping you, please note it and provide verification: _____

8. Housing Expenses: Copy of mortgage or rent receipt within last 30 days and/or lease or housing statement if Section 8.

Total \$ _____ Your portion \$ _____ Section 8 portion \$ _____
You must provide an explanation if there is 0 (zero) housing expense:

9. Reasons for Applying: Use this area to list and explain the reason for applying and state any recent financial hardships, health issues, or any other special circumstances that will assist us in reviewing your application.

10. Review and Checklist: Please review application to assure all areas have been completed and check off the following:

___ Application complete/all questions answered	___ Attached copy of Driver's License or State ID ***ID must have same address as application
___ Listed working phone number and alternate	
___ Attached copy of rent receipt or utility bill, etc.	___ Attached copy of Birth Certificate or other Verification of birth for each child listed
___ Completed income section and attached recent Pay stub, DHS, social security, or other document as proof of income.	

12. Authorization and Signature:

I certify the information given in this application is true and correct and I authorize the Westland Goodfellows to verify it as they see necessary. I have attached copies of all required documents as indicated in the checklist above. I understand that my information will be kept confidential, as stated, and will then be destroyed after Christmas 2019. In signing this application, I declare that I will NOT and have NOT applied to any other program/organization for 2019 Christmas assistance.

Application Completed by: _____ Sign: _____

Date: _____ Print: _____

DROP OFF COMPLETED APPLICATIONS TO:

Jefferson Barnes Community Vitality Center
32150 Dorsey St., Westland, MI 48186
Mon – Fri 9am – 5pm

OR MAIL BY DEADLINE TO WESTLAND GOODFELLOWS 32150 DORSEY ST., WESTLAND, MI 48186 DUE DATE November 15th, 2024

CHILD'S WISH LIST for GIFT BAG-MAKE 1 PER CHILD

Parent's Name: _____

CHILD'S NAME: _____

AGE: _____ CIRCLE: **BOY** **GIRL**

List Favorite Color and Favorite Character or Team:

Each year we pack a gift bag for every child with toys and other items donated to us. We would like to try to match 1 or 2 toys (if possible) to what your child wants.

List several toy and/or game ideas, books----PLEASE BE SPECIFIC

*****In case your family is chosen to be adopted please list the sizes for the items below:**

Shirts _____

****List size ONLY if child needs these:**

Pants _____

Pajamas _____

Coat _____

Socks _____

Boots _____

Underwear _____

Shoes _____

If child gets adopted, please list if there is a video game wanted:

Game: _____:Game System: _____

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WESTLAND GOODFELLOWS 734-725-8798

KEEP THIS PAGE
AND
WAIT FOR APPROVAL PHONE CALL, TEXT OR
EMAIL

Be sure to check your voice, text and email messages daily and reply as soon as possible if requested

PICK-UP DATE
SUNDAY, DECEMBER 8th, 2024
Pick up appointments for approved families will be scheduled in early
December

LOCATION
JEFFERSON BARNS COMMUNITY CTR-PARKING LOT
32150 DORSEY ST
Westland, MI

We will continue the pick up process
as a DRIVE THRU event in the parking lot
Have your ID ready