

# Belmont Santa's Little Helpers

Application # \_\_\_\_\_

**Please fill out this application completely and return to Belmont Police Department. Any missed information or omissions on this form will result in your application not being accepted and assistance will not be rendered from this program.**

**Applicant Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address (Physical)** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Proof of residency in the town of Belmont, NH required for assistance. Please submit with application. (Motor vehicle registration, bills in your name, ect.)**

**List all other adults living in the home (persons over the age of 18, use reverse side)**

---

Name(First, Mi, Last)	DOB	household title (Mom, Dad, ect)
-----------------------	-----	---------------------------------

---

Name(First, Mi, Last)	DOB	household title (Mom, Dad, ect)
-----------------------	-----	---------------------------------

**List All Children living in the household (under the age of 18, use reverse side)  
Check box if you are requesting assistance for this child.**

---

Name (First, Mi, Last)	DOB	Gender	Interests (type of sports, toys clothes ect.)
------------------------	-----	--------	---

---

Name (First, Mi, Last)	DOB	Gender	Interests (type of sports, toys clothes ect.)
------------------------	-----	--------	---

---

Name (First, Mi, Last)	DOB	Gender	Interests (type of sports, toys clothes ect.)
------------------------	-----	--------	---

**Please list other programs you are trying to receive services from this year.**

---

---

---

---

Have you ever received assistance from this program in the past ( ) YES ( ) NO.

If yes list what year(s) \_\_\_\_\_

**PLEASE FILL OUT REVERSE SIDE WHERE APPLICABLE**

**List additional adults living in the home (persons over the age of 18,)**

---

Name(First, Mi, Last)                      DOB                      household title (Mom, Dad, ect)

---

Name(First, Mi, Last)                      DOB                      household title (Mom, Dad, ect)

**List additional Children living in the household (under the age of 18)**

**Check box if you are requesting assistance for this child.**

---

Name (First, Mi, Last)                      DOB    Gender    Interests (type of sports, toys clothes ect.)

---

Name (First, Mi, Last)                      DOB    Gender    Interests (type of sports, toys clothes ect.)

---

Name (First, Mi, Last)                      DOB    Gender    Interests (type of sports, toys clothes ect.)

**Please list additional programs you are trying to receive services from:**

---

---

---

---

Applications are accepted until **December 10, 2011 by 5:00 PM**. Applications must be post marked and received prior to or on **December 10,2011** to be considered.

The pick up date for this program will be **FRIDAY, DECEMBER 16, 2011** at the **BELMONT POLICE STATION, 9:00 AM – 4:00 PM**. Due to budgetary constraints, we may or may not be able to assist everyone who applies. You will be notified of the status of your application status.

Information provided will be shared with other services in order to adequately assist applicants who apply.

Please contact, Officer Joseph Marcello if information on this form changes, 603-267-8351 or you have any questions.

**All of the above information is true as I know it. I understand omissions and missed information on this form will result is denial of services.**

---

Signature

---

Date