



# 2019 Application for Christmas Assistance

ONLY ONE APPLICATION PER HOUSEHOLD WILL BE ACCEPTED Family Registration #: \_\_\_\_\_

- To apply, you must be a resident of North Vancouver, West Vancouver or Bowen Island.
- Provide all Required Documents (\*see reverse) with this form and submit by December 2, 2019.
- Clearly print your name and address and provide a phone number where you can be reached.
- Always refer to your Family Registration # when making any inquiries or to claim your Christmas hamper.

**Download and save this form to your computer before adding your information.**

**Christmas Bureau – Old Delbrook Rec Centre-North Building**  
600 W Queens, North Vancouver opens **October 14, 2019.**

**CALL 604 984-9627 to schedule**  
**a time to meet with us and review your application.**

**Christmas Hamper Pick-up - Mountainside Secondary School**  
3365 Mahon Avenue, North Vancouver

Friday, December 13 between 3:00 and 8:00 pm or Saturday, December 14 between 9:00 and 11:30 am.

**Toy Shop Appointment** Date / Time: \_\_\_\_\_

*Please retain this portion of the application for reference to your Family Registration #:*

<b>APPLICANT</b>		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> COMMON LAW		Family Registration #: _____	
BIRTH DATE (M/D/Y)	AGE	EMAIL ADDRESS		GENDER	
LAST NAME (Please print)			FIRST NAME (Please print)		
APT#	ADDRESS (Please print)				
CITY	POSTAL CODE	PHONE #	CELL/ALT#		

May we contact you with a brief survey regarding your Christmas Bureau experience? Y  N

<b>SPOUSE/PARTNER/DEPENDANT</b> (Must reside at the above address)		
BIRTH DATE (M/D/Y)	AGE	GENDER
LAST NAME		FIRST NAME

**GIFT SUGGESTIONS** Limit \$30.00 per gift. List sizes and colours if applicable.

**GIFT SUGGESTIONS**  
Several options are very helpful.

APPLICANT \_\_\_\_\_

SPOUSE/PARTNER/DEPENDENT \_\_\_\_\_

<b>CHILD'S NAME</b>	<b>AGE (18 yrs or younger only)</b>	<b>GENDER</b>
_____	_____	<input type="text"/>
_____	_____	<input type="text"/>
_____	_____	<input type="text"/>
_____	_____	<input type="text"/>

List any allergies \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>TOY SHOP APPOINTMENT</b> - Date / Time: _____
Grocery store preference _____

Including the income of all household members, what is your total monthly family income? \_\_\_\_\_

## IMPORTANT

**Applications will not be processed without proof of income and residency plus care cards for all children.**

<b>For Office Use Only:</b>		
Last Name: _____	First name: _____	Middle Initial: _____
Organization/Service Club/School _____		
<b>Method of distribution:</b>	<input type="checkbox"/> Hamper Exchange Pickup <input type="checkbox"/> CB Pick-up / Expected Pickup Date: _____ <input type="checkbox"/> _____	
Interviewed by: _____	Interview Date: _____	Match Date: _____