



Giving
Hope
Today

2023 Application for HRM Christmas Assistance

L2F #

Date

Office Use Only

Time

- Only complete this application if you have not applied for assistance from another agency.
- The application deadline is Monday, December 4, 2023.
- In the case of split custody, only one guardian can apply to receive a toy bag or gift card for their child(ren).
- To apply for Christmas assistance, you are required to provide proof of ALL household income for ALL adult members of the household. If you wish to opt out of providing income information, you will be offered a bag of non-perishable food instead of a grocery gift card and gift cards/toys for the children.

Address _____ Postal Code _____

Telephone _____

City _____ Email address _____

1st Family Member/Head of Household First name _____ Last name _____ Date of birth _____ Gender _____	6th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral
2nd Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral	7th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral
3rd Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral	8th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral
4th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral	9th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral
5th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral	10th Family Member First name _____ Last name _____ Date of birth _____ Gender _____ <input type="checkbox"/> girl <input type="checkbox"/> boy If child (0-11), select toy bag: <input type="checkbox"/> gender-neutral

Household Income Information

- ☐ I choose to opt out of providing income information. I understand and accept that by choosing to opt out of providing income information, I will be offered a bag of non-perishable food **instead** of a grocery gift card and gift cards/toys for the children.

Please note:

- To qualify for Christmas assistance, you must reside in a low-income household.
 - Maximum \$29,000 annual income for households of 1 person
 - Maximum \$47,703 annual income for households of 2 to 4 persons
 - Maximum \$67,937 annual income for households of 5 or more persons
- You are required to list ALL income for ALL adults in the household. This includes Child tax benefit (CCB), wages, social assistance, pension, employment insurance, child support, etc.
- You are required to provide proof of all income. Examples of documentation: pay cheques for the past 2 or 3 months, bank statements for the past 2 or 3 months, income assistance documents, screenshot of CRA My Account listing all children you are receiving child tax benefit for, etc.

1st Family Member/Head of Household Income

Income source _____ Monthly amount _____

Income source _____ Monthly amount _____

Income source _____ Monthly amount _____

2nd Family Member Income

Income source _____ Monthly amount _____

Income source _____ Monthly amount _____

Income source _____ Monthly amount _____

Additional Adults Income

Income source _____ Monthly amount _____

Income source _____ Monthly amount _____

Consent

I, the undersigned, consent to an authorized representative of The Salvation Army Halifax Community and Family Services collecting and disclosing information about me for the sole purpose of ensuring accuracy of the information received on the application for assistance as detailed above.

I, the undersigned, consent to the collection and disclosure of my personal information to other social agencies and organizations on the condition that they provide appropriate safeguards to protect the confidentiality of the information.

I, the undersigned, understand that providing the above information does not guarantee that I will receive assistance in any form from The Salvation Army Halifax Community and Family Services.

I, the undersigned, understand that I can choose to opt out of providing income information and that if I choose to opt out of providing income information, I will be offered a bag of non-perishable food instead of a grocery gift card and gift cards/toys for the children.

I, the undersigned, understand that if my household income is above the maximum limit for my size of household, I will be offered a bag of non-perishable food instead of a grocery gift card and gift cards/toys for the children.

Signature _____ Date _____

Submit completed application (along with supporting proof of income) to **hrm.christmas@salvationarmy.ca** or in person or by mail to **2038 Gottingen Street, Halifax, NS B3K 3A9**. Questions? Call 902-422-1598

All applicants will be contacted by The Salvation Army with details regarding pick-up time and location.