

TUSCARAWAS COUNTY DRESS-A-CHILD

No applications accepted after July 15th. An incomplete application is cause for denial.
Applications must be returned to Dover Public Library or Tusc County Library Main or branch locations.

APPLICANT <i>Please print</i>	LAST NAME		FIRST NAME		MIDDLE INITIAL
	P.O. BOX	STREET ADDRESS (INCLUDE APARTMENT #)			
CITY	ZIP	PHONE	EMAIL		

LIST ALL PEOPLE LIVING IN THE HOME (List applicant first):

Any children listed **must** live in the home and you must have legal custody of them to qualify.

#	FULL NAME	RELATION TO APPLICANT	AGE	MALE OR FEMALE	GRADE IN SCHOOL	SCHOOL ATTENDING
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

TOTAL NUMBER OF K-12 STUDENTS ATTENDING SCHOOL IN PERSON REQUESTING HELP: _____

LIST ALL INCOME AND THE SOURCE FOR ALL PARENTS/GUARDIANS IN THE HOME: <small>Include unemployment, pension, Social Security, child support, disability, survivor benefits, employment, etc.</small>		
NAME OF EACH ADULT FAMILY MEMBER	MONTHLY INCOME (after taxes)	INCOME SOURCE <small>(if employed, include name of company)</small>
1.		
2.		
3.		
4.		

Give a brief statement why you feel your family should be considered for assistance

TOTAL MONTHLY INCOME OF THOSE REQUESTING HELP: _____

This information is accurate to the best of my knowledge. Providing false information to obtain any benefit may result in denial of my application and may prohibit me from consideration for help in the future.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE DETERMINATION: ACCEPTED [] DENIED []