

# Silver Bells Assistance Application

(One person per application – **APPLICANT MUST BE IN PERSON.**)

Applicant's First Name	
Last Name	
Zipcode	
Phone	
Email	
Age	
Gender	
Last 4-digits of SSN	
Need (include size if clothes)	
Wishes (include size if clothes)	

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

**Must be 65 years old or older and match ID.**

**Born 1920-1957 only.**

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ or P.O.Box \_\_\_\_\_, P.O. Zip \_\_\_\_\_

County: \_\_\_\_\_ Circle one: Single Married Separated Widowed Divorced

Total Monthly Income:	\$ _____
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**Are you willing to be interviewed for a newspaper or website article?** \_\_\_\_\_

**Are you willing to have your photo taken for an article?** \_\_\_\_\_

**Applicant Disclaimer:** I understand that a completed application is not a guarantee that assistance will be provided, nor do my listed suggestions guarantee that I will receive those items. I will be guaranteed at least one gift for myself, if approved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Initials:

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