



# Coats for Kids & Families Program

# 2022 Request

**Application Process/Criteria/Eligibility Request Date/Time:**

This program is offered to RESIDENTS in need, in the Town of Westlock, Westlock County, & The Village of Clyde.  
"Need" means what type of garment - i.e. jacket, boots, mitts, scarf, toque, ski pants

**Section 1: Applicant Information**

<b>Name:</b>		<b>Appointment Date/Time:</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Telephone: (    )</b>		<b>Size:</b>	
<b>Male</b>	<b>Female</b>	<b>Need:</b>	

**Section 2: Please provide information on ALL Coat Recipients:**

<b>Name:</b>		<b>Relationship to Applicant:</b>	
<b>Size:</b>		<b>Age:</b>	
<b>Need:</b>			

<b>Name:</b>		<b>Relationship to Applicant:</b>	
<b>Size:</b>		<b>Age:</b>	
<b>Need:</b>			

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<b>Size:</b>		<b>Age:</b>	
<b>Need:</b>			

**Section 3: Referred by (if applicable)**

<b>Name:</b>		<b>Agency:</b>	
<b>Phone Number:</b>		Who is the contact? (Select One) <b>Agency</b> <b>Applicant</b>	

## Section 4: Income Verification

A copy of net income (like 236) of previous years Notice of Assessment or a copy of previous years tax return(s) from All Adults in the house must be provided.

Income Verified: Yes                      No

## Section 5: Application Information & Signature

Do you or your family access the food bank?

Yes

No

Have you applied for special programs with any other communities or agencies?

Yes

No

Applicants providing false information or already receiving assistance from another community will be permanently removed from all programs.

Please note that by signing the application you are giving our Screening Committee permission to verify your income.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

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