

Applications must be returned to CTFK by November 15th. You may mail to PO Box 1115, Wagener SC 29164 or you may email them to us at: ctfkministries@gmail.com You must include proof of income and proof of your bills.

Family No: _____



Angel Tree "Operation Love" Application for children Birth through 12 years old

Please do not write above this line.

Parent(s) or Guardian Information (please fill out all sections completely)

A. Name(s): _____

Phone No.: _____ Alternate Phone No.: _____

Email Address: _____

Physical Address: _____

Mailing Address: _____ City/Zip: _____

Detailed Directions to home: _____
(give street names & Highway numbers)

B. Driver License/Id# _____
State _____ Number _____ Expiration _____

Number of Adults in home: _____ Number of children Home: _____

C. Church you attend: _____ Pastor's Name _____
Church address: _____
City/State _____

D. Have you applied for other Christmas assistance this year ? if so where: _____

E. What has contributed to your need for assistance, please explain (unemployed, disabled, recently divorced, special needs child?)

F. Income

When listing your income please include child support, EBT, rent assistance, utility assistance, disability, SSI, retirement etc. (Paychecks- list your Gross pay)

	Income	Weekly/ Monthly	Amount
1.	<hr/>	<hr/>	\$ <hr/>
2.	<hr/>	<hr/>	\$ <hr/>
3.	<hr/>	<hr/>	\$ <hr/>
4.	<hr/>	<hr/>	\$ <hr/>
5.	<hr/>	<hr/>	\$ <hr/>
Total Monthly Income			\$ <hr/>

G. Bills

Please list all bills, and the amount of each bill. Indicate whether this bill is paid weekly, monthly, etc. This section should include, rent, lights, cablevision, furniture, phone, cell phone, auto, etc.

	Who is bill paid to	Bill Due monthly or weekly	Amount
1.	<hr/>	<hr/>	\$ <hr/>
2.	<hr/>	<hr/>	\$ <hr/>
3.	<hr/>	<hr/>	\$ <hr/>
4.	<hr/>	<hr/>	\$ <hr/>
5.	<hr/>	<hr/>	\$ <hr/>
6.	<hr/>	<hr/>	\$ <hr/>
7.	<hr/>	<hr/>	\$ <hr/>
8.	<hr/>	<hr/>	\$ <hr/>
9.	<hr/>	<hr/>	\$ <hr/>
10.	<hr/>	<hr/>	\$ <hr/>
11.	<hr/>	<hr/>	\$ <hr/>
Total monthly bills			\$ <hr/>

H. Children's Information

Toy Suggestion should be under \$25.00 value

1. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

2. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

3. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

4. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

5. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

6. Name: _____ Social Security #: _____

Girl or Boy: _____ Age: _____ School Attending: _____

**** Please list whether sizes are infants, toddlers, children, teens or adults****

Pant Size: _____ Shirt Size: _____

Underwear Size: _____ Toy Suggestion: _____

I. Signature

My signature certifies that I am the legal guardian of the children listed on this application and that all information listed is correct.

Information from this application will be kept confidential. Pastors will be consulted for the application approval process.

date of application

Signature of applicant(s)

Note: You will be notified AFTER NOVEMBER 25TH whether you are approved.

If you are approved your child's sponsor will let you know whether you need to pick up the gifts or if they will be delivered.

For CTFK Use Only

Pastor contacted Yes No

Pastor's comments _____

Total Monthly Income _____

Total Monthly Debt _____

Verified through other Agencies: Salvation Army Prison Ministry Other _____
circle one

Approved Yes No

Reason for Denial: _____

Board Comments:
