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**SECRET SANTA APPLICATION**

 **PARENT/GUARDIAN**

 **First Name: Last Name:**

 **Address: Phone:**

 **Email: Alternate Phone:**

 **Total Number of People in Household:**

 **Total Household Income:**

 **CHILD/CHILDREN**

 **First Name: Last Name: Age:**

 **First Name: Last Name: Age:**

 **First Name: Last Name: Age:**

 **First Name: Last Name: Age:**

 **First Name: Last Name: Age:**

 **First Name: Last Name: Age:**

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 **INSTRUCTIONS**

 **Please complete this application in full. You must include:**

* **copy of driver’s license**
* **income tax return or pay stubs for each person in household**
* **social security statements, if applicable**

Do not submit original documents – copies only.

Applications will be denied if any of the above documents are missing.

We will not call or email you for missing documents.

We will contact you ONLY if approved.

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 **IMPORTANT**

 **Please return this application with all required documents no later than**

 **Friday, November 22, 2024 or your application will not be processed.**

 **Mail: Branford Counseling Center, 342 Harbor St, Branford, CT 06405**

 **Drop off: locked mailbox located at rear entrance**