

2025-SENIOR CITIZEN/DISABLED ADULT APPLICATION #OF People:_____
(60 years of age or Disabled Adult with Disability Benefits)
A COMMUNITY CHRISTMAS OF STARK COUNTY, INC.

Please PRINT neatly in blue or black ink. We must be able to read your application. Addresses must include apartment or box numbers, directional words (NE, NW, SE, SW), and zip codes. We must be able to contact you by mail or phone. Provide a working phone number. All who apply with A Community Christmas of Stark County, Inc. should not apply to other Christmas providers in Stark County and will be cross checked to eliminate duplications. If you move or have questions, please contact ACC at 330-454-3841. If you have legal guardianship of your grandchildren, then you must fill out a Family Application. Your spouse must also be 60 or older to be included on the application. You must be a US citizen and live in Stark County. Disabled applicants must be receiving disability benefits.

Last Name: _____ First Name: _____ Middle Initial: _____ Last 4 digit of SS #: _____

Street Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Male or Female? _____ Phone: _____

Alternate Phone: _____

Additional persons living with me:

1. Name: _____	Birthdate: _____	Last 4 digits of SS# _____	Relationship: _____
2. Name: _____	Birthdate: _____	Last 4 digits of SS# _____	Relationship: _____
3. Name: _____	Birthdate: _____	Last 4 digits of SS# _____	Relationship: _____

Income refers to all the money that you and other persons in your home receive, such as wages, child/spousal support, disability benefits, retirement benefits, Worker's Compensation, Social Security, SSI, Veterans benefits, OWF. Eligible applicants must be over 60 years of age or disabled. All additional persons living with you must meet these same requirements.

I receive \$_____ in food assistance per month.

Name of person receiving benefit:	Type of Income:	Amount of income before taxes:	How often received:
		\$	
		\$	
		\$	

By signing this application:

* I understand the questions on this form, and I certify that all my answers are correct and complete to the best of my knowledge.

* I certify that all applicants are residents of Stark County and a US citizen.

*ACC is not responsible for lost, stolen or undeliverable mail.

***Signature of Applicant or Authorized Representative _____ Date: _____

We must receive this application by Friday, Oct.31st. No exceptions.

Please Mail This Application To:

A Community Christmas of Stark County, Inc
P.O. Box 20050
Canton Ohio 44701.

OR

Drop Off this application at:

The American Legion Post 44
1633 Cleveland Ave. N.W. --In back parking lot
Wed & Thurs. Oct.29th & 30th 1:00-4:00P.M.
Friday, Oct.31st. 9:00 A.M.-12:00P.M.