



## Dearborn Heights Goodfellows 2023

PO Box 261

Dearborn Heights, Michigan 48127



The Dearborn Heights Goodfellows annual campaign "*No Child Without a Christmas*" is quickly upon us.

Complete the application and return it with the required documents to:

**Dearborn Heights Goodfellows**

**P. O. Box 261**

**Dearborn Heights, MI 48127**

**Or application and supporting documents may be emailed**

**by Nov. 17<sup>th</sup> to:** [jhatten@dearbornheightsmi.gov](mailto:jhatten@dearbornheightsmi.gov)

**Must be emailed or postmarked no later than November 17, 2023. Use the 2023 application form**

**Do not submit an application form from previous years.**

Only parent(s) or legal guardian(s) can satisfy the application requirements. For grandparents or others in charge of the children, they must have the papers indicating they are the children's guardians or guardianship is pending.

Documents required for interview appointment:

**1. Proof that you reside in Dearborn Heights:**

- A current utility bill, property tax bill, mortgage statement, or lease agreement.
- A Michigan Driver's License or State ID will **NOT** be accepted as proof of residency.
- If you live with someone and do not have any of the above listed documents, you will need to provide a bank statement, SSI statement, DHS/FAP statement or some other legal document with your name and current address in Dearborn Heights.

**2. Birth Certificates for all biological children;** Adoption Certificates, Legal Guardianship Documents or Foster Care paperwork for non-biological children. Any child 13 and older will not be eligible for assistance.

**3. Verification of Custody.** If you are divorced, you will need to provide paperwork to show the custody agreement of the minor children.

**4. Verification of all household income.** When living with parent(s) or other relatives, their income must **not** be included.

- year-to-date paycheck information
- unemployment statement if not employed
- previous year's tax return
- statements from the state regarding any benefits that are being paid, including SSI, social security, child support, disability, and food

**1. Application MUST be filled out COMPLETELY or you will be denied.**

**2. You must supply ALL required documents or you will be denied.**

**3. You may be subject to an interview before approval.**

If you are **not** approved you will be notified by phone, mail or email.

If you do not hear from Goodfellows you have been approved. If approved, you must pick up items from **11am – 2pm at the Justice Center, 25637 Michigan Avenue, Dearborn Heights, MI 48125 on**

**Saturday, December 9, 2023**



Completed application **MUST** be postmarked by November 17, 2023

**NEW**

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

# DEARBORN HEIGHTS GOODFELLOWS APPLICATION

Pick Up # \_\_\_\_\_  
*(Leave blank)*

You must send **ALL** requested income and identity information. Incomplete applications will automatically be **DENIED** without notification.

Applicant: (last name) \_\_\_\_\_ (first name and middle initial) \_\_\_\_\_ (significant other's first and last name) \_\_\_\_\_

(address) \_\_\_\_\_ (zip code) \_\_\_\_\_ email address \_\_\_\_\_

(primary phone # with area code) \_\_\_\_\_ (secondary phone # with area code) \_\_\_\_\_ emergency contact phone number \_\_\_\_\_

Number of adults living in the household? \_\_\_\_\_

Name and relationship to applicant of other adults in the household: \_\_\_\_\_

List children's complete information below:

*Any children over the age of 12 are not eligible*

Last Name	First Name	Age	Date of Birth	M / F	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

We may require an interview with you before approval.  
 Failure to provide the all of the requested documents or submit this **completed** application will result in being denied assistance.

**PICK UP DATE is Saturday, December 9<sup>th</sup> at (NOTE - location)  
 Justice Center, 25637 Michigan Avenue, Dearborn Heights, MI 48125 between 11am – 2pm**

*Do not write below this line. Remarks of Interviewer:*

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**You must send ALL requested income and identity information. Incomplete applications will automatically be DENIED without notification.**

# DEARBORN HEIGHTS GOODFELLOWS APPLICATION page 2

Length of Dearborn Heights Residency: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Section 8: \_\_\_\_\_

Live with parent / grandparent / friend: \_\_\_\_\_ Live with another Goodfellows recipient (name) \_\_\_\_\_

Do all the children requesting assistance reside full time with the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO, explain: \_\_\_\_\_

Have you ever received Goodfellows assistance before? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, in which city: \_\_\_\_\_

Monthly Income: You must list amounts and send recent copies for all that apply. Documents must be dated within the last 30 days. Applicants with zero income will be questioned and possibly denied.

Applicant:  
Wages / Salary \$ \_\_\_\_\_ DHS/FAP (food stamps) \$ \_\_\_\_\_

Spouse or Significant Other Living in Household:  
Wages / Salary \$ \_\_\_\_\_ DHS/FAP (cash benefits) \$ \_\_\_\_\_

Parent(s) Social Security \$ \_\_\_\_\_ Child Support / Alimony \$ \_\_\_\_\_

Parent(s) Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

Child SS/ SSI \$ \_\_\_\_\_ Self Employment \$ \_\_\_\_\_

Other Income (Including Cash, Tips for Servers, Workman's Comp, Pension, Veteran's Benefits)  
\*\*List all, with amounts \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

What is the reason for your current need? Please indicate all reasons: \_\_\_\_\_

I certify that the information given on this application is true and correct to the best of my knowledge.  
I give authorization to release my name, address, and/or phone number, if required, to receive any item.  
I declare that I will NOT and have NOT applied to any other Goodfellows organization for assistance.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

Return completed application postmarked no later than November 18<sup>th</sup>. to: DEARBORN HEIGHTS GOODFELLOWS  
P.O. BOX 261  
DEARBORN HEIGHTS, MI 48127  
**Or application and supporting documents may be emailed**  
by Nov. 17<sup>th</sup> to: [jhatten@dearbornheightsmi.gov](mailto:jhatten@dearbornheightsmi.gov)

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