Christmas Assisstance Application 2026

The Chesnee Police Departmant KOPS KIDS program will be taking applications for Christmas assistance from **October 26th through November 20th at 5:00 PM**. Need will be determined by factors such as, members in household, income, other assistance received, and any special conditions in the household. This application will be checked with other local relief agencies to ensure the families are only on one list. *If you are listed on other local agencies lists, you will be removed from our list*. This program is for children who live in the City of Chesnee.

Applications can be picked up and returned to the front desk of Chesnee City Hall located at 201 W Cherokee St, Chesnee, SC 29323. We will not take any applications over the phone or by email. If you are approved you will be **CALLED** with information on date, time, and location. We will also be requesting more information for the children in the home to get a better idea of their likes and sizes. You will receive a call the week of November 30th, 2026, to inform you **if you are approved**.
DO NOT CALL TO CHECK STATUS OF YOUR APPLICATION! YOU WILL BE CALLED IF YOUR APPLICATION IS APPROVED!

The following information **MUST** be provided with a completed application to be considered. Failure to supply information will be an automatic denial. We will only accept copies of the requested documents. If you need copies made, bring originals to the window and we can make copies for you.

- Copy of picture identification of the parents/legal guardian of the minor(s) on the application (Valid Driver's License/SC ID)
- Copy of proof of residency (Driver's License or Utility Bill)
- Copy of Income Verification (Examples below):
  - Social Security supplement checks or copy of bank statement showing social security of SSI deposits
  - Payroll check stubs
  - Food stamp form listing amounts received
  - Pension and/or disability checks
  - Child support checks or cash amount received
  - Unemployment checks
  - Proof of any special conditions in the household that impact ability to provide for children
- Letter stating your current circumstances and why you are asking for assistance (at the end of this document)

If you have any questions, please email smain@cityofchesnee.org

Christmas Assisstance Application 2026

Return this portion of the application to Chesnee City Hall at 201 W Cherokee Street, Chesnee

All fields are required

-Basic Information-

LAST Name of Parent/Legal Guardian of minor applicant(s):_____

FIRST Name of Parent/Legal Guardian of minor applicant(s): _____

Spouse Full Name (if applicable): _____

Other adults (over the age of 21) living in the home: _____

Name of individual filling form out: _____

If approved, name of individual that will pick up: _____

Current Full Address: _____

City : _____ State: _____ Zip: _____

Email Address: _____

Phone Number (Required): _____ Primary Language: _____

-Child(ren)'s Information-

How many children are in your legal custody: _____

List your children's name and information below:

Child #1 Name: _____ Gender: _____ DOB: _____ Age: _____

Child #2 Name: _____ Gender: _____ DOB: _____ Age: _____

Child #3 Name: _____ Gender: _____ DOB: _____ Age: _____

Child #4 Name: _____ Gender: _____ DOB: _____ Age: _____

Child #5 Name: _____ Gender: _____ DOB: _____ Age: _____

Child #6 Name: _____ Gender: _____ DOB: _____ Age: _____

Any children in home with special needs or diabilities? _____

If so, please specify which child and the type of disability or special needs:

_____

_____

_____

Christmas Assisstance Application 2026

-Financial Information_

All information is required. Failure to provide required information will result in denial of your application.

What is your monthly household income? You cannot put zero ($0). If you do, your application will be denied: _____

How much money do you receive in assistance per month? _____

Where do you receive assistance (include all and list amounts of each)?

_____

_____

Please explain your current circumstances as to why you need assistance so we can get a better understanding of your situation:

_____

_____

_____

_____

_____

Check off that you have attached each of the follow:

____ Copy of picture identification of parent/legal guardian

____ Copy of proof of home address (mail,utility bill, etc.)

____ Copy of income verification

____ Letter stating your current circumstances as to why you need assistance (above)

*Note: If your contact information changes, please email smain@cityofchesnee.org to update your information. *