



## *Hope for the Holidays - A Time for TEENS*

### 2016 Application Process

#### Basic Criteria:

- Child must live with parent/guardian who is applying.
- Family must live in Treasure Valley.
- Child must be age 13 to 18 years of age on or before December 25, 2015.
  1. Complete the Application Form
  2. Parent/Guardian must apply in person or by email with copies of the following documentation:
    - **Parent/Guardian Photo ID**
    - **Utility Bill- If the photo ID does not show proof of Canyon County residency, (please bring a utility bill with photo ID)**
    - **Copy of Teens Birth Certificate**

### **Where to Apply**

3. Return application with documentation in person to:  
120 16<sup>th</sup> Ave N., Nampa ID 83687

**\*\*Application Dates: October 15<sup>th</sup>, 2016 – November 15<sup>th</sup>, 2016 from 11am to 4pm\*\***

All information and documents are required by November 15<sup>th</sup>, 2016, and is subject to verification. Information will not be released to any unauthorized person.

- If application is incomplete and above documents are not received by deadline your request will be denied.
- If more than one teen in your family, *a separate application will be required for each teen.*
- Please understand requests are not guaranteed. Applications are taken in the order submitted. You will be contacted by Dec 12<sup>th</sup> upon approval of request. Along with information where and when the pick-up will be.
- Make sure your application is complete and legible with a current phone number.

The Community Builder  
More Than A Thrift Store  
120 16<sup>th</sup> Ave N, Nampa ID 83687

For more information, call The Community Builder at (208) 590-1084

120 16<sup>th</sup> Avenue North, Nampa, ID 83687 208.590.1084  
info@thecommunitybuilder.org www.thecommunitybuilder.org



# The Community Builder

Together We Can Make A Difference!

www.TheCommunityBuilder.org

**\*\*PLEASE READ THE 2016 APPLICATION PROCESS PAGE BEFORE COMPLETING THIS FORM\*\***

Parent/Guardian Full Name: \_\_\_\_\_ Full Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_ Full Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Organization Referred By \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

FINANCIAL INFORMATION (REQUIRED) Total Monthly income: \_\_\_\_\_ Number of persons in household: \_\_\_\_\_

Sources of Assistance: (check all that apply)

\_\_\_\_ Wages, Salary, Tips

\_\_\_\_ Worker's Compensation

\_\_\_\_ Self-Employment Income

\_\_\_\_ Pensions/Retirement

\_\_\_\_ Social Security, SSI

\_\_\_\_ Alimony/Child Support

\_\_\_\_ Public Assistance/Welfare Payments/TANF

\_\_\_\_ Unemployment Compensation

\_\_\_\_ School Free/Reduced Lunch

\_\_\_\_ Other Income \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Please Select one:    \_\_\_ Blanket            \_\_\_ Sleeping Bag

By signing this application, I confirm that all information on this application is accurate and complete. I grant permission for The Community Builder to verify the information with the organization/agency providing the financial assistance I have claimed above. I also grant permission for The Community Builder to confirm with organization / agency that I was referred by. I consent to the unrestricted use of any image including video, print or electronic that the released parties may create in connection with my participation in any activities at or for The Community Builder, Inc. I understand that requests are not guaranteed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of person picking up (if not parent/guardian): \_\_\_\_\_