

Jacobson/Quinn Toy Project Application

This is a community project of HOLLY AREA YOUTH ASSISTANCE, located at 14470 N. Holly Road in Holly, MI 48442. It serves children from infants to 18 years of age who reside within the geographic area of the Holly Area School District in Oakland County, Michigan, based on financial need and on a first-come, first-served basis while supplies last. HAYA will make every effort to assist qualified local families who apply. For more info, please call (248) 328-3181 or email HAYA4kids63@gmail.com.

APPLICATION DEADLINE: MONDAY, DECEMBER 2nd, 2024.

PLEASE PRINT OR TYPE CLEARLY

Parent/Guardian's Last Name	First Name								
				MI					
Address	Apt. / Lot#	City		State	Zip Code				
Mobile Home Park Name:		Apartment-Complex Name:							
Municipality (Please check only one):	ly Village 🔲 Holly Twp.	☐ Groveland Twp.	☐ Springfield Twp.	☐ Rose Twp.	☐ White Lake Twp.				
Home Phone: ()	Cellular Phone: ()	Work Ph	none: ()					
Alternate Name & Phone		E-Ma	ail:						
* * If NO PHONE, p	please list the phone number of ano	ther close contact, so we ma	y leave a message for you. I	nclude that person's r	name and phone number.				
When approved, a time will	be scheduled or	n Sunday, <mark>12</mark> /1	15/24 to pick ι	ıp gifts fo	r your children.				
Under penalties of perjury, I declare I have	e read the foregoing, and	d the facts alleged t	herein are correct to	o the best of m	y knowledge and belief.				
Yes, I grant permission to release t (i.e. food baskets, Adopt-a-Far			participating in holiday-	giving programs.					
No, please do not share my persor	al information with other gro	oups.							
Parent / Guardian Signature (Reg									

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This Column For Office Use Only	First Name (Please Include Last Name if Different From Parent)			Age	Gender (Circle one) M=Male F=Female PreferNoAnswer	Race Ethnicity	Current Grade Level	School Attending	Allergies / Other No-No's (i.e. allergic to perfumes, Jewelry or metal, etc., ADHD or emotional needs)	Special Needs / Wants (has ears pierced, likes legos, barbie, jewelry, puzzles, games, or any special wishes)	Clothing Sizes Shoe Sizes (if needed, write item & size below)
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						
		С	Α		M F PreferNoAnswer						

PLEASE LIST ALL PEOPLE CURRENTLY LIVING IN YOUR HOUSEHOLD. ATTACH AN ADDITIONAL PAGE WITH THIS INFORMATION, IF NEEDED.

Must meet 2024 INCOME LIMITS established by the U.S. Department of Housing and Urban Development (Please CHECK ONE) ☐ Family of 2 less than \$61,400; ☐ Family of 3 less than \$69,050; ☐ Family of 4 less than \$76,700; ☐ Family of 5 less than \$82,850; ☐ Family of 6 less than \$89,000; ☐ Family of 7 less than \$95,150;

APPLICATION DEADLINE: Monday, December 2nd, 2024

Please return the completed form with proof of residency and income to:

HOLLY AREA YOUTH ASSISTANCE 14470 N. Holly Road, Holly MI 48442 Attention: Toy Project

or you can email your application to haya4kids63@gmail.com

---> * * SPECIAL NOTICE: Youth ages 13 through 18 may receive a local area gift card.

HAYA cannot guarantee that gifts are not on recall lists. Parents / Guardians are responsible for checking gift items as recall lists are updated frequently.

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