

Crowley House of Hope  
2025 Seasonal Program Application (Back to School & Share the Love)

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Children in Household Age 0 to 10 \_\_\_\_\_ Number of Children in Household Age 11 to 12<sup>th</sup> Grader \_\_\_\_\_

**Children**

List the children ages 0 to 12<sup>th</sup> graders living in your home full time.

Name	DOB	Age	Relationship

**Income Qualification**

Are you or other adults in the home employed? ☐ Yes ☐ No If yes, who is your employer? \_\_\_\_\_

Combined monthly income from employment? \_\_\_\_\_ If unemployed, for how long? \_\_\_\_\_

Please explain the reason for being unemployed currently. \_\_\_\_\_

Disability Income \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Social Security Retirement Income \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Do you receive any of the following? (Check all that apply)

- ☐ Food Stamps (SNAP)
- ☐ WIC
- ☐ Medicaid for Children
- ☐ Housing Assistance
- ☐ VA Benefits

## **APPLICATION INSTRUCTIONS**

***Please bring these documents with you to an application event.***

Applying adult's identification

Birth Certificate for each child

Current electric or water bill

Proof of income, can be one of the following:

- Last two paycheck stubs
- Award letters for Social Security income or TANF
- Copy of current child support payment history
- Copy of unemployment benefits

I understand that I am applying for both Back to School and Share the Love for 2025. I also understand that Crowley House of Hope will notify me by mail of my appointment for Share the Love after Thanksgiving 2025 and that it is my responsibility to share any updates to my contact information with Crowley House of Hope.

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Print Name

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Signature

Date

For questions, contact Stephanie Vaughn at  
[stephanie@crowleyhoh.org](mailto:stephanie@crowleyhoh.org)

Thank you and we look forward to serving your family.

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### **For Office Use Only**

- ☐ Parent ID
- ☐ Children's ID
- ☐ SNAP
- ☐ Medicaid
- ☐ Electric/Water Bill
- ☐ Other Income: \_\_\_\_\_
- ☐ Back to School Appointment Time \_\_\_\_\_
- ☐ Share the Love Appointment Time \_\_\_\_\_ Date Notification Mailed \_\_\_\_\_

Other Notes \_\_\_\_\_

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