

BFA CHRISTMAS IN JULY PROGRAM
CHRISTMAS IN JULY APPLICATIONS START 4-27-2026

APPOINTMENTS ARE REQUIRED. PLEASE CALL (910) 754-4766 TO SCHEDULE

APPLICATIONS CAN BE PROCESSED AT OUR OFFICE IN BOLIVIA OR AT ANY OF OUR MOBILE PANTRY SITES.
PLEASE PROVIDE THE FOLLOWING:

1. PROOF OF INCOME FOR EVERYONE LIVING IN THE HOUSE

- EMPLOYMENT (4 WEEKS) UNEMPLOYMENT TANF/WORK FIRST SSA/DISABILITY
 SSI CHILD SUPPORT FOOD STAMPS

IF SOMEONE ELSE IS PAYING YOUR BILLS, YOU MUST BRING THEIR NAME, ADDRESS, PHONE NUMBER, SOCIAL SECURITY NUMBER, AND A STATEMENT FROM THEM STATING THE AMOUNT THEY GIVE YOU AND/OR WHAT BILLS THEY PAY. YOU MUST HAVE LEGAL CUSTODY OF CHILDREN AND PROVIDE PROOF!!

2. PROOF OF BRUNSWICK COUNTY RESIDENCY: PICTURE I.D.

3. SOCIAL SECURITY CARDS FOR ALL ADULTS

4. BIRTH CERT. / SSN FOR EVERY ELIGIBLE CHILD OR CURRENT MEDICAID CARD

5. PROOF OF EXPENSES:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH ELIGIBLE PERSON: K-8th grade.

6. CLOTHING SIZE:

- SHIRT SIZES SHOES SIZES
 PANTS (BE SPECIFIC-BOYS/GIRLS/JRS/LADIES/MENS SLIM/REG/HUSKY – WAIST x LENGTH FOR MENS SIZES)

“I, for the reason of approval of this application for assistance, authorize the release of any or all information needed to determine my eligibility for any BRUNSWICK FAMILY ASSISTANCE program or service, including financial, employment, public assistance, credit obligations, utility expenses, and other incidental information needed. This consent is understood to extend coverage to any member of my household. I certify that all information provided by me is true and correct. If any of the same is found to be false or incorrect, I understand that I forfeit any further consideration of assistance on my behalf and the behalf of others named by me in this application.”

APPLICANT SIGNATURE

DATE APPLYING

BFA CHRISTMAS IN JULY PROGRAM

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INTAKE COMPLETED BY

DATE ENTERED

APPLICATION ID #

PLEASE COMPLETE ALL BLOCKS BELOW CLEARLY

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FIRST NAME AS ON STATE ID

MIDDLE NAME

LAST NAME AS ON STATE ID

DATE OF BIRTH

DO YOU RECEIVE DISABILITY	YES	NO	GENDER	M	F	ETHNICITY		ARE YOU A VETERAN?	YES	NO
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PHYSICAL ADDRESS

CITY

ZIPCODE

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PHONE #

SECONDARY PHONE #

MARITAL STATUS

MONTHLY EXPENSE FOR EVERYONE IN YOUR HOUSEHOLD

RENT / MORTGAGE

ELECTRIC BILL

WATER BILL

PHONE BILL

CABLE / INTERNET

AUTO PAYMENT

INSURANCE

FUEL / GAS

ALL MEDICAL

CHILDCARE

LOANS

FOOD

HEATING (0 IF ELECTRIC)

THIS IS INCOME FOR EVERYONE IN YOUR HOUSEHOLD MONTHLY BASED

CHILD SUPPORT

DISABILITY

FOOD STAMPS

MONTHLY

INSURANCE

PENSION

SSA / SSI

UNEMPLOYMENT

VETERAN

OTHER

BFA CHRISTMAS IN JULY PROGRAM

FIRST NAME		LAST NAME		DATE OF BIRTH			M	F	AGE
ETHNICITY	GRADE	SCHOOL	SHIRT SIZE	PANTS SIZE	SHOE SIZE				
SPECIAL NOTES									

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