

DINWIDDIE CHRISTMAS SHARING FOUNDATION, INC.

Phone 804-861-8501

Christmas Sharing will provide assistance for children up to 14 years of age. Please read all instructions carefully before filling out this application. You must bring ALL REQUESTED DOCUMENTATION with you to a Christmas Sharing Help Session. Refer to the cover sheet of this application for the dates, times, and locations of Help Sessions.

PLEASE PRINT ALL INFORMATION

Name of Applicant _____

Street Address _____

City _____ ST _____ Zip Code _____

Primary Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Email address: _____

** Is this your first year applying to Christmas Sharing? YES NO

If YES, have you previously been sponsored by a church, business, organization, or individual? YES NO

**Are you applying for holiday assistance from any other source? YES NO

If YES, include source (Angel Tree, church, etc.): _____

**Do you receive SNAP benefits (Food Stamps)? YES NO

**If you receive assistance from Dinwiddie County Department of Social Services, please list your caseworker's name: _____

Directions:

1. Read all of these directions then turn this sheet over and list ALL of the people who live in your house, including yourself. Put your name in the first box, and then list additional members of your household. Be sure to include their relationship to you, for instance: "child," "niece," "mother," "grandfather," "spouse," or "family friend." If someone does not attend school, mark that box "n/a" or "X." If you need additional space, use a separate sheet of paper.

2. Gather together all the documents, papers, and forms that Christmas Sharing requires. Bring these forms for ALL of the people who live in your house, including children. **HERE'S WHAT YOU NEED TO BRING** to a Help Session with you:

- ✓ Picture **ID** (driver's license, military ID card, etc.)
- ✓ Most recent **electric or water bill** for the house where you live
- ✓ Most recent **SNAP (Food Stamps)** letter showing the dollar amount of benefits
- ✓ Most recent **TANF (Welfare)** letter showing the dollar amount of benefits
- ✓ **Employment or Pay paper statements or online**
- ✓ **Social Security** or SSI statements (SS disability)
- ✓ Other statements or letters that **show income**: unemployment compensation, workman's compensation, child support, alimony, pension, veteran's benefits, IRA or 401(k) distributions, or **any other source**.
- ✓ **Proof of residency** in Dinwiddie County (lease or rental agreement, mortgage statement, etc.). **Your driver's license is not sufficient proof of residency.**

*****Turn page over to continue*****

Foundation Use Only

Date Rec'd _____ SNAP _____ Approved _____ Denied _____ Comments _____

List ALL members of your household, including yourself:

NAME	AGE	SEX	NAME OF SCHOOL	RELATIONSHIP TO APPLICANT
Your name:				self

TOTAL ADULTS IN HOUSEHOLD: _____ **TOTAL CHILDREN 13 AND UNDER IN HOUSEHOLD:** _____

Bring this form and all the documentation listed in item #2 on the front page to a Help Session.

SOURCE OF INCOME	MONTHLY AMOUNT AFTER TAXES AND DEDUCTIONS	WHO RECEIVES THIS INCOME
Wages, Salary, Tips		
SNAP Benefits (Food Stamps)		
TANF Benefits (Welfare)		
Child Support		
Alimony		
Unemployment Benefits		
Other- specify		

TOTAL MONTHLY HOUSEHOLD INCOME AFTER TAXES AND DEDUCTIONS: \$ _____

WAIVER: I hold Dinwiddie Christmas Sharing Foundation, its officers, jointly and separately, and its volunteers harmless forever in matters involving any and all claims, suits, demands for damage, and causes that I or my heirs, next-of-kin, executors, administrators, estate agents, and assigns (or representative) of any nature whatsoever that might otherwise assess against any of the aforementioned parties as a result of my completing this application for assistance, including receiving such assistance. If any portion of this waiver and release is declared null and void, or of no effect by a competent court, the remainder of the waiver shall remain effective to the full extent of the law. **I understand that I may not sell any items received, I can only donate or lose the option to apply in the future.**

MY SIGNATURE below certifies that all information on this application is true and accurate to the best of my knowledge. I further declare that no one else is applying on behalf of the child/children listed. Information regarding income may be verified by employer, Social Security Administration, Department of Social Services or other services. Permission is also given to release this information to other volunteer organizations for sponsorship.

Children can only be listed on one application.

Signature of Applicant _____ **Date** _____



DINWIDDIE CHRISTMAS SHARING FOUNDATION

HELPING PUT A TWINKLE IN A CHILD'S EYE

Application for Christmas Sharing 202 5

Dinwiddie Christmas Sharing Foundation, Inc. will be accepting applications from eligible Dinwiddie families with children ages 14 and under for help during the upcoming holiday season. Call 804-861-8501 if you have any questions. Please turn to the next page to bring the application.

**Applications must be returned, with all supporting documentation,
at one of the following Help Sessions:**

Thursday, October 9, 2025

Eastside Enhancement Center

7301 Boydton Plank Road, North Dinwiddie

3pm-7pm

Saturday, October 11, 2025

Eastside Enhancement Center

7301 Boydton Plank Road, North Dinwiddie

9am-12N

Monday, October 20, 2025

Eastside Enhancement Center

7301 Boydton Plank Road, North Dinwiddie

11am-3pm

Monday, November 3, 2025

Eastside Enhancement Center

7301 Boydton Plank Road, North Dinwiddie

11am-6pm

LAST DAY TO APPLY

Distribution December 11, 2025 - Eastside Enhancement Center

Dinwiddie Christmas Sharing Foundation, Inc. is funded by community donations