

**WENDY'S & WHIZ AM-FM-TV LACE UP FOR KIDS  
SHOE DISTRIBUTION – 2010  
MUST HAVE CHILDREN PRESENT TO RECEIVE SHOES!!!!**

**THIS APPLICATION DOES NOT GUARANTEE THAT YOUR CHILDREN WILL RECEIVE SHOES**

DATE: \_\_\_\_\_ SCHEDULED TIME \_\_\_\_\_ AM PM

PARENT'S LAST NAME \_\_\_\_\_

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: MUSKINGUM STATE: OH ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MUST HAVE TO SET APPOINTMENT TIME

MONTHLY INCOME: \$ \_\_\_\_\_ TYPE: SSI/OWF/EMPLOYED/CHILD SUPPORT/ FOOD STAMPS/SS/SSD Please see other side

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_ Please see other side

NUMBER IN HOUSEHOLD \_\_\_\_\_ Dependants: \_\_\_\_\_

CHILD'S NAME	AGE	DOB	SEX	SS #	SHOE SIZE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby submit that all information on this document is accurate to the best of my knowledge and furthermore give my permission to Eastside Community Ministry to input data in the Charity Tracker system and agencies assisting with this program to verify the above information if deemed necessary.

X \_\_\_\_\_  
Signature of Parent or Guardian

**ALL INCOME MUST BE VERIFIED:**

As a representative of \_\_\_\_\_ I/We hereby verify the above information concerning their income to be correct.

X \_\_\_\_\_

Appointments will be arranged for families. **Applications must be returned to Eastside Community Ministry 221 Stillwell Street, Zanesville, no later than July 29<sup>th</sup>, to insure proper processing. Distribution Day is scheduled for Friday, August 20<sup>th</sup> at the Zanesville Civic League, 928 Jackson Street. ANY UNRULY BEHAVIOR WILL AUTOMATICALLY DISQUALIFY YOUR FAMILY FOR ASSISTANCE. If you have any questions please feel free to contact Eastside Community Ministry at 740-452-7519. Thank you.**

**INCOME AND EXPENSE INFORMATION (REQUIRED)**

TYPE OF INCOME (WORK/SS/SSI/SSD/CHILD SUPORT/OWF) \_\_\_\_\_ WHOSE: \_\_\_\_\_

TYPE OF INCOME (WORK/SS/SSI/SSD/CHILD SUPORT/OWF) \_\_\_\_\_ WHOSE: \_\_\_\_\_

FOOD STAMPS? \_\_\_\_\_ AMOUNT: \_\_\_\_\_ Medical Card: Yes \_\_\_\_\_ No \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD EXPENSES**

RENT: \$ \_\_\_\_\_ MORTGAGE: \$ \_\_\_\_\_ LOT RENT: \$ \_\_\_\_\_ HOUSE/RENTAL INSURANCE \$ \_\_\_\_\_

ELECTRIC: \$ \_\_\_\_\_ WATER/SEWAGE: \$ \_\_\_\_\_ HEATING: \$ \_\_\_\_\_ PHONE: \$ \_\_\_\_\_

TRASH: \$ \_\_\_\_\_ RENT TO OWN: \$ \_\_\_\_\_ CREDIT CARDS: \$ \_\_\_\_\_ DR/HOSPITAL: \$ \_\_\_\_\_

PRESCRIPTIONS: \$ \_\_\_\_\_ CAR PAYMENTS: \$ \_\_\_\_\_ CAR INSURANCE: \$ \_\_\_\_\_

LIFE INSURANCE: \$ \_\_\_\_\_ PROPERTY TAXES: \$ \_\_\_\_\_ BABYSITTING: \$ \_\_\_\_\_

LAUNDRY: \$ \_\_\_\_\_ GASOLINE: \$ \_\_\_\_\_ CABLE: \$ \_\_\_\_\_ OTHER: \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**