

Those wishing to receive a Christmas Basket **must complete all mandatory data on the form and send it by Friday, December 4, 2020.**
No application will be accepted after this date. We sincerely thank the people and volunteers who make this activity possible.
2020 CHRISTMAS BASKET, C.A.B. Ascension Escuminac, 3, du Carillon, Matapédia G0J 1V0.

APPLICATION FORM – 2020 CHRISTMAS BASKET

2. Identification

Last name	First name	Age
Spouse's last name	First name	Age
Adress	Municipality	Phone
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	H.L.M. <input type="checkbox"/>
	Lodger <input type="checkbox"/>	Other <input type="checkbox"/>
Reason for the request :		

2. Dependent

Number of people living at home		Number of children you have custody of		Total income of children (if it's happened)			
Child name 1	Age	Child name 2	Age	Child name 3	Age	Child name 4	Age
Last name (other people living with you)			First name			Income	
Last name (other people living with you)			First name			Income	

3. Income and expenses

Monthly income	Monthly expenses
Social welfare	Rent or mortgage
Employment insurance	School and municipal taxes
Monthly family allowance	Electricity and heating
Alimony and/or children's allowance	Telephone, internet, television
CSST/SAAQ	Monthly insurance (car, house, life)
Federal Old Age pension	Medical fees
Provincial governance pension	Other (specify)
Pension plan	
If you work full or part time	
Employment income	
Other income	
TOTAL	TOTAL :

Being a beneficiary of the Ascension Escuminac Volunteer Action Center, I hereby pledge not to prosecute this organization for any reason (intoxication, etc ...). In addition, I declare that the information mentioned on this questionnaire is true and I know that it can be verified. * Any false or incorrect statement from you would cancel your request immediately. You must answer all the questions and sign the form.

I declare that the information provided is true and I accept that it be verified and forwarded to the selection committee.

Signature **X** _____ Date of sending the request 2020/_____/_____ Referred by **X** : _____

RESERVED FOR THE SELECTION COMMITTEE

DATE OF RECEIPT 2020/_____/_____

ACCEPTED APPLICATION

DENIED APPLICATION

THIS DOCUMENT IS CONFIDENTIAL – RETURN DATE LIMIT

Friday, DECEMBER 4th, 2020