

CHRISTMAS 2021 TOYS PROGRAM

PLEASE PRINT CLEARLY

Your name _____
LAST
FIRST

Address: _____
Apt. #
ADDRESS
CITY / POSTAL CODE

Main Phone Number Alternative Phone Number Email First Language

Rent BC Housing Own Homeless Temp family/friends

Proof of Address (current within 1 month):

Assistance Cable Bill Hydro Bill Telephone Bill Other Official Mail

LIST ALL HOUSEHOLD MEMBERS BELOW:

NAME(S) Applicant's name first	M / F	CareCard, BCID, DL Permanent Res, Passport, Birth Cert, Immigration	Birthdate (Spell Month)	CHILD's AGE
	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			
First Name Last Name	M / F			

I UNDERSTAND THAT APPLYING MORE THAN ONCE TO ONE PROGRAM MAY RESULT IN THE ELIMINATION OF MY FAMILY FROM SHARE'S LIST.

Client Signature

Primary Income Source

- Assistance Disability E.I. Pension Work (P/T) Work (F/T)
- Other (specify) _____

Monthly Family Income _____

The Christmas Toy program is for families whose net family income does not exceed:

- \$1 878 per month for a 2-person household
- \$2 339 per month for a 3-person household
- \$2 918 per month for a 4-person household
- \$3 323 per month for a 5-person household
- \$3 685 per month for a 6-person household
- \$4 047 per month for a 7+ person household

Income Verification

- Notice of Assessment for all adults in household

TOY SHOP REGISTRATION AND DISTRIBUTION

**ADDRESS: 3086 Spring St., Port Moody, Rear of the building
(near the Port Moody Skytrain station)**

DATE: Nov 15 – Dec 3, 2021 (NO Wednesday, Saturday, Sunday)

**We will be unable to process any registration that are missing information.
You will receive toys on the same day as your registration is completed.**