

# My Daily Walk Inc.



Family Clothing Closet

## ***Clothing Assistance Application***

### **Applicant Name:**

Full name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Annual Income from employment (before taxes): \_\_\_\_\_

Single  Married  Divorced  
 Widowed

### **Co-Applicant Name:**

Full name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Annual Income from employment (before taxes): \_\_\_\_\_

Single  Married  Divorced  
 Widowed

Assistance for:  Self  Children  Entire Household

If Other(Please explain)\_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS**

**Please note, we ask for race because My Daily Walk must provide this information to the organizations we are applying to for sponsorships and grants.**

<u>NAME</u>	<u>ADULT or CHILD</u>	<u>AGE</u>	<u>RACE</u>

**REQUIRED DOCUMENTS: WE MUST HAVE ALL OF THE FOLLOWING DOCUMENTS TO APPROVE YOUR APPLICATION!**

**1. Proof of Residency for Hendricks County, Indiana (utility bill, mortgage statement, lease agreement)**

If you live with someone, a copy of their utility bill with this address is needed. You must include your driver’s license/ID with this same address.

**2. Current Pay Stub or most recent Tax Return showing income**

If you are not employed, you must state this on the application. Other income must be noted on the application as well (i.e. child support, unemployment or assistance payments). Pay stubs for all adult caregivers of the children must be included. If you are on unemployment you must submit a copy of the face sheet from the unemployment website. If you are on disability, please provide the first page of the benefit letter received from the Social Security Administration.

**3. Proof of custody or guardianship**

If the children living with you are not your biological children (i.e. grandchildren), you must provide proof of guardianship or custody. (example: tax form, letter of explanation, guardianship court papers). This can be temporary or permanent guardianship.

*I give my permission to My Daily Walk to share my name with any not-for-profit agency that may provide social service assistance and volunteers that assist with the shopping of My Daily Walk I*

*understand that My Daily Walk board of directors will verify all information provided and if I purposely give false information I may be prosecuted. I agree to allow My Daily Walk to post information on social media about my needs in an effort for sponsorships. I know that ALL personal and identifiable information will be omitted to allow for my privacy.*

*If approved, I understand that an adult must be present and at home at the time of delivery. An adult is considered anyone age 18 and over. I understand that My Daily Walk cannot leave items with a minor or leave items unattended. I understand that My Daily Walk is unable to make alternate arrangements for delivery of items. I will be asked to sign for receipt of my items. My Daily Walk will provide a delivery date and time in your approval notification. My Daily Walk is not responsible for any damage or injury caused on or by any of our donated items.*

**\*\*\*\*PLEASE READ\*\*\*\***

**I UNDERSTAND THAT THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY. I MUST INCLUDE ALL DOCUMENTATION LISTED ABOVE TO BE CONSIDERED FOR ASSISTANCE.**

**FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING DENIED.**

**DUE TO THE HIGH VOLUME OF APPLICATIONS THAT ARE RECEIVED, I UNDERSTAND THAT My Daily Walk WILL NOT FOLLOW-UP TO ASK FOR MISSING INFORMATION. BECAUSE OF THIS IT IS EXTREMELY IMPORTANT FOR YOU TO INCLUDE AND CHECK ALL DOCUMENTS REQUESTED ABOVE!!!!**

I UNDERSTAND THAT APPLICANTS CAN ONLY APPLY ONCE PER YEAR, BUT MY DAILY WALK WILL KEEP APPLICATION ON FILE IF NOT SELECTED THE CURRENT QUARTER. IF APPROVED, APPLICANT WILL BE NOTIFIED VIA PHONE AND/OR EMAIL – I UNDERSTAND I MUST PROVIDE BOTH ACCURATE PHONE AND EMAIL WITH THIS APPLICATION.

---

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

**ONCE APPLICATION IS COMPLETED, PLEASE MAIL OR EMAIL IT AND ALL REQUIRED DOCUMENTATION TO:**

**Mail: My Daily Walk, 2230 Stafford Rd, Suite 115 Plainfield, IN 46168**

**Email: mydailywalk17@gmail.com**