



DO YOU NEED HELP THIS CHRISTMAS?

This form is for families living in the following communities

~ Newmarket ~ Aurora

~ East Gwillimbury ~ Schomberg

~ South Simcoe (Bradford)

How to apply:

- a) Print clearly – complete all areas
- b) Bring proof of address, + I.D. for all names on application
- c) Bring proof of income + expenses

Where to apply:

The Salvation Army Christmas Toy Depot
Newmarket Plaza ~ Unit D4/5
(south-east corner near Giant Tiger)
130 Davis Dr., Newmarket

Wednesday/Thursday/Friday
11:00 AM - 3:00 PM

of return your form to:

The Salvation Army, Central York Region
Northridge Community Church
15338 Leslie St., Aurora, ON
Tel: 905-895-0577
www.salvationarmycentralyork.ca

~ Giving Hope Today ~



HELP US WITH OUR CHRISTMAS KETTLES

The Salvation Army helps people in need with food, clothing, toys, counselling, and those in danger of eviction or with no place to stay. People find hope toward a better future and that can mean the start of a new life.

It only takes 2 hours. Stand by one of our Christmas kettles, smile and thank people as they donate to our Christmas drive.

OTHER SALVATION ARMY YORK REGION LOCATIONS FOR CHRISTMAS APPLICATIONS

Richmond Hill / Vaughan / Thornhill
King City / Nobleton / Kleinberg

Contact: The Salvation Army

Richmond Hill Community Church
55 Newkirk Rd., Richmond Hill, 905-737-0496

Markham / Whitchurch-Stouffville

Contact: The Salvation Army

Agincourt Community Church
3080 Birchmount Rd, Scarborough
(416) 497-7520

Georgina / Keswick / Sutton / Jackson's Point

Contact: Georgina Food Pantry

20849 Dalton Rd., Sutton 905-596-0557

Contact: The Salvation Army

Georgina Community Church
1860 Metro Rd, Sutton 905-722-3059



The Salvation Army Central York CHRISTMAS ASSISTANCE PROGRAM

APPLICATION FOR RESIDENTS LIVING IN:

Newmarket
Holland Landing
East Gwillimbury
Sharon / Mt Albert

Aurora
Queensville
Bradford
Schomberg

All Other Areas in York Region...

~ See the back of this brochure for more information. ~





The Salvation Army Central York Region Christmas Toy Hamper Application

APPLICANT INFORMATION		
1 st Name:	Address:	Primary Phone#:
Last Name:	Apt.#:	Town:
		Cell Phone#:
Birthdate: (yyyy-mm-dd)	Postal Code:	Email:

OTHER ADULT INFORMATION			
First Name:	First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:	Last Name:
Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other <input type="checkbox"/> Son/Daughter

INCOME & EXPENSE INFORMATION	
Total Household Income	Total Household Expenses
Employment \$	Rent \$
Spouse Employment \$	Mortgage \$
Ontario Works \$	Gas \$
Disability/ODSP \$	Hydro \$
Pension \$	Water \$
Child Support \$	Phone+TV+Internet \$
Child Tax Credit \$	Child Care/Daycare/Child Support \$
Covid Support \$	Transit +/-or Fuel \$
Other _____ \$	Monthly Loan/Credit Card Payments \$
Total Household Income \$	Total Household Expenses \$

CHILD INFORMATION				
First Name:	First Name:	First Name:	First Name:	First Name:
Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd

CHILD INFORMATION				
First Name:	First Name:	First Name:	First Name:	First Name:
Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd	Date of Birth yyyy-mm-dd

I authorize release of this information to The Salvation Army and it's partnering organizations with whom I am applying for assistance solely for Christmas Assistance and I declare that the above information to be true and that I am not receiving similar Christmas assistance from any other agency.

Signed: _____ Check if sent by Email: