

Family Code: _____

Shopping time _____

2025 Pulaski County Christmas Store Application

The Pulaski County Christmas Store provides Christmas assistance to families in need based on income eligibility and special circumstances. Children, newborn through high school senior, must live with the applicant full time in Pulaski County to be eligible for assistance.

Grandparents who are primary caregivers may apply for grandchildren who reside with them full time in the county. Total family income must not exceed 150% of the federal poverty limit.

Please bring the following documents to the application intake session:

- (1) Photo identification – Driver’s license, employment ID, official government ID, etc. of applicant.
- (2) Proof of Pulaski County residence – Current utility bills, letters, rent receipt
- (3) Proof of all current household income for all adults in the household – Pay stubs for the past two months with year-to-date totals, 2024 income tax returns, public assistance verification
- (4) Identification for all children- Social Security card, Birth Certificate.

Please complete all information.

Name of person completing form _____

Phone _____ Email address _____

Home address (physical) _____

Home address (mailing) _____

Does the household receive SNAP benefits? _____ Yes. If Yes, Amount \$ _____ No _____

Children, age newborn through high school senior, living at this address full time.

Name -First and Last	Relationship to applicant	Age	Date of Birth	School	Last 4 digits SSN

All adults living at this address. Please provide proof of income for all adults.

Name	Relationship	Age	Employer/ your occupation	Gross salary (monthly, before taxes) Please bring proof.
	Self			

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	Primary Recipient	Monthly Amount
TANF		
SSI/SSDI		
Unemployment		
Worker's Compensation		
Pension/Retirement/Other		
Child/Spouse Support		

Other Family Income \$ _____

Total Monthly Family Income \$ _____

Any additional information

My signature below authorizes the Pulaski County Christmas Store and its volunteers to obtain and release verification necessary to establish my eligibility for assistance and to allow other agencies to determine eligibility for their services. The information on this application is correct to the best of my knowledge. False information will automatically disqualify my family from receiving assistance now and in the future. The age range for children eligible for services through PCCS is newborn through high school senior. Only one application is accepted per household. More than one family in the same household counts as one application. **Only one adult from each household may shop.** I understand that I should not bring my children on shopping day. I understand that if I receive Christmas help from the Salvation Army, YMCA, or other agencies, I will not be eligible to receive help from the Pulaski County Christmas Store.

I acknowledge that I understand this statement.

Parent/Guardian Signature _____ Code # _____

PCCS volunteer _____ Date _____

For questions, email pulaskiccs2020@gmail.com.

