



# Jacobson/Quinn Toy Project Application

This is a community project of the HOLLY AREA YOUTH ASSISTANCE, 920 East Baird Street, Holly, MI 48442. It is for children infant to 18 years of age, who live within the geographic area of the Holly Area School District in Oakland County, Michigan. This project is on a financial need and first come – first serve basis as long as the supplies last. HAYA will do its best to service the qualified local families that apply. For more information, call (248) 328-3181 or email HAYA4kids63@gmail.com. **APPLICATION DEADLINE: MONDAY, DECEMBER 4th, 2023.**

**PLEASE PRINT OR TYPE CLEARLY**

Parent/Guardian's Last Name

First Name

Address

Apt. / Lot #

City

Michigan

State

Zip Code

• Mobile Home Park-Park Name: \_\_\_\_\_

• Apartment-Complex Name: \_\_\_\_\_

Municipality (Please check only one): ☐ Holly Village ☐ Holly Twp. ☐ Groveland Twp. ☐ Springfield Twp. ☐ Rose Twp. ☐ White Lake Twp.

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Message Phone & Name\*\* \_\_\_\_\_ E-Mail: \_\_\_\_\_

*\*\*If no phone, please list a phone of someone else with which we can leave a message for you. Include that person's name and phone number.*

**You will be Scheduled a time to pick up gifts for your children.**

**Distribution date will be on December 16<sup>th</sup> at the Karl Richter Campus**

☐ **Yes**, I grant permission to release this information to be released to other community groups that are participating in holiday giving programs.  
(i.e. food baskets, Adopt-a-Family for the holiday, giving trees, etc.)

☐ **No**, please do not share my information.

Parent / Guardian Signature (Required)

Date

PLEASE LIST **ALL PEOPLE LIVING IN YOUR HOUSEHOLD**. ATTACH AN ADDITIONAL PAGE WITH THIS INFORMATION, IF NEEDED.

<i>This Column For Office Use Only</i>	<b>First Name</b> (Please Include Last Name if Different From Parent)	<b>C=Child A=Adult (Circle one)</b>	<b>Age</b>	<b>Gender (Circle one) M=Male F=Female</b>	<b>Race Ethnicity</b>	<b>Current Grade Level</b>	<b>School Attending</b>	<b>Allergies / Other</b> (i.e. allergic to perfumes, Jewelry metal, etc.; has ears pierced)	<b>Special Needs</b> (or special wishes)	<b>Clothing Sizes</b>
		C   A		M   F						
		C   A		M   F						
		C   A		M   F						
		C   A		M   F						
		C   A		M   F						
		C   A		M   F						

**Must meet 2023 INCOME LIMITS established by the U.S. Department of Housing and Urban Development** (Please CHECK ONE)

- ☐ Family of 2 less than \$60,600;  
 ☐ Family of 3 less than \$68,200;  
 ☐ Family of 4 less than \$75,750;  
☐ Family of 5 less than \$81,850;  
 ☐ Family of 6 less than \$87,900;  
 ☐ Family of 7 less than \$93,900;

**DEADLINE: Monday December 4th, 2023**

**PLEASE RETURN COMPLETED FORM WITH PROOF OF RESIDENCY AND PROOF OF INCOME TO:**

**HOLLY AREA YOUTH ASSISTANCE**  
**920 East Baird Street, Holly MI 48442**

**Attention:** Toy Project  
 or you can email your application to **[haya4kids63@gmail.com](mailto:haya4kids63@gmail.com)**

**\*\*SPECIAL NOTICE:** YOUTH AGES 13 THRU 18 MAY RECEIVE A LOCAL AREA GIFT CARD.

**HAYA cannot guarantee that gifts are not on recall lists. Parents / Guardians are responsible for checking gift items as recall lists are updated frequently.**