Senior Adult Application ONLY

Adult born in 1964 or before

2024 OAKLAND ROTARY CHRISTMAS PROJECT APPLICATION

(Must be returned to the WIC Office at the Garrett County Health Department OR The Green Acres Garden Center by December 6, 2024)

Please print and fill in all blanks comp	pletely:
Name:	
Street Address:	City
Phone Number: If no phone, please give a number of neighb	
SENIOR CARDS WILL	BE DELIVERED VIA USPS
<u> </u>	ain housing developments will receive their a hand delivery.
	plication. Incomplete applications will be rejected ications will be discarded.
I am a senior citizen born on:	(60 and older)
Number of <u>Adults</u> in household:	
FINANCIA	L STATEMENT
Applicant employed or unemployed (Circle	one) If employed, where
Spouse <i>employed</i> or <i>unemployed</i> (Circle on	e) If employed, where
(Required) Household total monthly income	e-before taxes:
I solemnly affirm under the penalties of perj to the best of my knowledge, information ar	jury that the content of the foregoing paper are true and belief.
Date	Signature

Please contact Barbara at 301.616.5014 with any questions you have regarding this application.