



**BURLINGTON COUNTY SHERIFF'S DEPARTMENT
HOLIDAY TOY DRIVE
APPLICATION FOR ASSISTANCE**



Name: _____

Address: _____

Telephone: (____) _____ Number of Household Members: _____

Gross Family Income (from all sources before taxes): \$ _____

Additional Comments: _____

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ASSISTANCE BEING REQUESTED FOR:

Child's Name: _____

Date of Birth: _____ **Gender:** _____

Needs/Wants: _____

Child's Name: _____

Date of Birth: _____ **Gender:** _____

Needs/Wants: _____

*** (list additional children on back) ***

I hereby certify that the information above is true to the best of my knowledge. I know that if any statements are materially false, I may be subject to prosecution.

Signature of Applicant

Date

This form **MUST** be returned **no later than**
WEDNESDAY, DECEMBER 1, 2021 for consideration.

Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

Please be advised that we cannot guarantee that you will be receiving toys this year due to the overwhelming requests that we have received. Keep in mind that the age limit is 15 years old. *Please return this form with proof of income and a copy of the birth certificate for each child (ex: tax return, paystub, TANF etc.) Any questions please contact the Community Services Unit at 609-265-3788.*

Forms can be returned to:
Burlington County Sheriff's Dept.
49 Rancocas Road
PO Box 6000
Mt. Holly, NJ 08060
*Attn: Community Services Unit

Fax: 609-265-5923

Email: abarcliff@co.burlington.nj.us