



Financial Intake  
Form  
Completed

Yes:

No:

2024-2025

Date: \_\_\_\_\_

Parent/Gaurdian #1 \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Call  Text

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Circle one:

- 1) Have you lived in the City of Lacombe or the Lacombe Rural District for more than 6 months? Yes or No
- 2) Are you a Lacombe County resident ? or City of Lacombe resident?
- 3) Parent(s) Source of Income: See chart on back.

Child's First Name	Child's Last Name	Age

· I confirm that the information provided on this application is true and correct and that I have not concealed or omitted other pertinent information regarding my income or financial supports.

· I understand that the assistance received through this program is ONLY to purchase winter wear for the children listed above. No merchandise purchased can be returned for refund.

· I understand that New Coats for Kids assistance can only be provided once every two years per child.

· I have not applied for or received winter wear assistance through any other agency.

· I understand that FCSS may review the information provided on this application and that failing to provide true and accurate information may disqualify me and my family from receiving assistance at this point and in the future.

Signature: \_\_\_\_\_

DEADLINE IS October 31, 2024

# INCOME GUIDELINES

<b>Size of Family Unit</b>	<b>Annual Income</b>	<b>Monthly Income</b>
1 Person	\$27,589	\$2,299
2 Persons	\$34,346	\$2,862
3 Persons	\$42,224	\$3,518
4 Persons	\$51,267	\$4,272
5 Persons	\$58,145	\$4,845
6 Persons	\$65,578	\$5,464
7 Persons	\$73,011	\$6,084
More than 7 persons, add \$7,433 per additional person.		

**Please fill out the  
Financial Intake Form  
unless it has already  
been submitted.**