

# Spark of Love Application - 2018

Family's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

Verified By: \_\_\_\_\_

**Girl's Names:**

**DOB**

**Age**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Boy's Names**

**DOB**

**Age**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please provide the following with application:**

1. \_\_\_ Identification (adult) Picture I.D.
2. \_\_\_ Proof of Residency (Utility Bill, Rent Receipt)
3. \_\_\_ Proof of Children's Ages (Med-Cal card, Birth Cert.)
4. \_\_\_ Proof of income (assistance, unemployment or disability check, **income requirements apply**)

**Please do not abuse the system; there are many families in need within our community!**

PLEASE RETURN APPLICATION AND APPROPRIATE DOCUMENTS TO **MÓNICA O'BRIEN** AT THE BANNING UNIFIED SCHOOL DISTRICT OFFICE 161 W WILLIAMS STREET, BANNING NO LATER THAN 4 P.M. DECEMBER 7, 2018. **LATE APPLICATIONS WILL NOT BE CONSIDERED OR ACCEPTED.** FAMILIES WILL BE NOTIFIED BY THE FIRE DEPARTMENT THE TIMES AND LOCATIONS. THANK YOU.