This is a community project of HOLLY AREA YOUTH ASSISTANCE, located at 14470 N. Holly Road in Holly, MI 48442. It serves children from infants to 18 years of age who reside within the geographic area of the Holly Area School District in Oakland County, Michigan, based on financial need and on a first-come, first-served basis while supplies last. HAYA will make every effort to assist qualified local families who apply. For more info, please call (248) 328-3181 or email HAYA4kids63@gmail.com. **APPLICATION DEADLINE: MONDAY, DECEMBER 1st, 2025.**

Parent/Guardian's Last Name **First Name**

Address **Apt. / Lot #** **City** **State** **Zip Code**

MI

• **Mobile Home Park Name:** _____ • **Apartment-Complex Name:** _____

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

Home Phone: (_____ **)** _____ **Cellular Phone: (** _____ **)** _____ **Work Phone: (** _____ **)** _____

****Alternate Name & Phone**** _____ **E-Mail:** _____

----------> * * *If NO PHONE, please list the phone number of another close contact, so we may leave a message for you. Include that person's name and phone number.*

When approved, a time will be scheduled on Sunday, 12/14/25, to pick up gifts for your children.

Under penalties of perjury, I declare I have read the foregoing and the facts alleged therein are correct to the best of my knowledge and belief.

☐ **Yes,** I grant permission to release this information 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 personal information with other groups.

_____ _____

Parent / Guardian Signature **(Required)** Date

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First Name (Please Include Last Name if Different From Parent)	**C=Child A=Adult** (Circle one)	**Age**	**Gender** (Circle one) **M=Male F=Female** PreferNoAnswer	**Race Ethnicity**	**Current Grade Level**	**School Attending**	**Allergies / Other No-No's** (i.e. allergic to perfumes, Jewelry or metal, etc., ADHD or emotional needs)	**Special Needs / Wants** (has ears pierced, likes legos, barbie, jewelry, puzzles, games, or any special wishes)	**Clothing Sizes Shoe Sizes** (if needed, write item & size below)
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						
	C A		M F PreferNoAnswer						

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

Must meet 2025 INCOME LIMITS established by the U.S. Department of Housing and Urban Development (Please CHECK ONE)

☐ Family of 2, less than $64,000; ☐ Family of 3, less than $72,500; ☐ Family of 4, less than $80,000;
☐ Family of 5, less than $87,000; ☐ Family of 6, less than $93,000; ☐ Family of 7, less than $100,050;

APPLICATION DEADLINE: Monday, December 1st, 2025

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

HOLLY AREA YOUTH ASSISTANCE
14470 N. Holly Road Holly, MI 48442

Attention: Toy Project
or you can email your application to **haya4kids63@gmail.com**

——> * * **SPECIAL NOTICE: YOUTH AGES 13 THROUGH 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.

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