Jacobson/Quinn Toy Project – Holiday Assistance Application

This community project by **Holly Area Youth Assistance** (14470 N. Holly Rd., Holly, MI 48442) serves children ages birth to 18 living within the Holly Area School District. Assistance is based on financial need and provided on a first-come, first-served basis while supplies last. For more information, call **(248) 328-3181** or email Office@HollyAreaYA.com. **APPLICATION DEADLINE: TUESDAY, DECEMBER 1st, 2026.**
PLEASE PRINT OR TYPE CLEARLY

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

Address **Apt. / Lot #** **City** **State** (MI) **Zip Code**

• **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, 12/13/26, 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 2026 INCOME LIMITS established by the U.S. Department of Housing and Urban Development **(Please CHECK ONE)**

′ Family of 2, less than $67,100; ′ Family of 3, less than $75,500; ′ Family of 4, less than $83,800;
′ Family of 5, less than $90,600; ′ Family of 6, less than $97,300; ′ Family of 7, less than $104,000;

APPLICATION DEADLINE: Tuesday, December 1st, 2026

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 **Office@HollyAreaYA.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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