



2025 Family Application Documentation Checklist

Please do not turn in any applications without making sure each item below has been fulfilled and is included with your application.

- _____ Current copy of Picture ID or Current State of Michigan Driver's License with Romulus mailing address for all adults listed on application – Front and Back
- _____ Current Copy of Utility or Cell Phone Bill with your name shown and Romulus address
- _____ Birth Certificates or Proof of Custody for each child
- _____ Current letter from school for all school age children to verify enrollment. Screenshot from online portal also accepted as long as shows current school year
- _____ Current Proof of Income, Unemployment letter or Check Stub for all adults age 16 and over in the home

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ONLY ROMULUS RESIDENTS WILL BE ACCEPTED.

PLEASE COMPLETE AND RETURN APPLICATION PAGES 3 & 4
AND ALL SUPPORTING DOCUMENTS TO:

ROMULUS GOODFELLOWS OR
PO BOX 74035
ROMULUS, MI 48174

City Hall Utility Bill Drop Box
11111 Wayne Rd.
Romulus, MI 48174
(Located at City Hall)

ALL APPLICATIONS MUST BE RECEIVED OR DROPPED OFF IN THE GOODFELLOWS
DROP BOX **NO LATER THAN WEDNESDAY, OCTOBER 15, 2025 TO BE CONSIDERED.**

GOODFELLOW DONATIONS
MUST BE PICKED UP IN PERSON ON:

THURSDAY, DECEMBER 11, 2025
BETWEEN
8:30 A.M. TO 1:00 P.M.

**MARK YOUR
CALENDAR!!
NO
REMINDER
WILL BE
SENT**

PICK UP AT:

CITY HALL, 11111 WAYNE, ROMULUS, MI 48174

CALL **734-322-7680** FOR FURTHER DETAILS

The Romulus Goodfellows will notify all applicants by email if application is
not complete or if the application has been disqualified.

PLEASE DO NOT RETURN THIS PAGE
KEEP THIS PAGE FOR IMPORTANT DATES!

2025 ROMULUS GOODFELLOWS FAMILY APPLICATION

**2025 ROMULUS GOODFELLOWS
DOCUMENTATION CHECKLIST**
RETURN ONLY APPLICATION PAGES 3 & 4

Please make sure you attach *CURRENT* copies of all the following documentation before mailing or dropping off your application to:

ROMULUS GOODFELLOWS

PO BOX 74035

ROMULUS, MI 48174

OR

ROMULUS GOODFELLOWS DROP BOX LOCATED AT ROMULUS CITY HALL

11111 WAYNE RD., ROMULUS, MI 48174

*To qualify for consideration the total household income for all residents
16 years of age and older must not exceed the amount listed below.*

CURRENT HUD LOW INCOME LIMITS

1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$56,600	\$64,650	\$72,750	\$80,800	\$87,300	\$93,750	\$100,200	\$106,700

Please submit ALL information in the following order below: If any information is missing, you will be DISQUALIFIED. DO NOT SEND ORIGINAL DOCUMENTS. MUST BE COPIES.

Proof of Residency

- Current copy of Picture ID or Current State of MI Driver's License with ROMULUS mailing address for all adults listed on the application. Need photo of Front AND Back.
- Current copy of Utility Bill or Current Cell Phone Bill with Home Address on Bill.

Proof of Guardianship

- Birth Certificates or Proof of Custody for each child.
- Current Report Cards or letters verifying enrollment for all school age children for September 2025 school year. Must include home address and guardian/parent name on report card.

Proof of Income

- Current proof of income, pink slip, or most recent unemployment check stub for all adults age 16 and over in the home.

The Romulus Goodfellows will notify applicants only by email if application has been disqualified.

Pick up: I understand that the Romulus Goodfellows' donations should be picked up on Thursday, December 11, 2025 between the hours of 8:30 a.m. and 1:00 p.m. at Romulus City Hall, 11111 Wayne, Romulus, MI 48174. I further understand that the Romulus Goodfellows cannot make special delivery dates or times. No reminder notice will be sent.

RETURN ONLY APPLICATION PAGES 3 & 4 AND COPIES IN ORDER AS LISTED ABOVE

Family Number: _____
Office Use Only

2025 ROMULUS GOODFELLOWS FAMILY RECIPIENT APPLICATION
ROMULUS RESIDENTS ONLY

GENERAL APPLICANT INFORMATION

For additional information or assistance with application, leave name and contact phone number at 734-322-7680.
Someone will return your call as soon as possible.

Name:		Driver's License #:	
Spouse/Partner:		Driver's License #:	
Address:			
Email:			
City: ROMULUS	State: MICHIGAN	ZIP: 48174	
Daytime Phone Number:			

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL PERSON CURRENTLY LIVING AT THIS ADDRESS.

**NOTE: PRESENTATION OF A BIRTH CERTIFICATE AND LETTER FROM SCHOOL TO VERIFY ENROLLMENT FROM THE
SEPTEMBER 2025 SCHOOL YEAR FOR EACH SCHOOL AGE CHILD IS REQUIRED**

	NAME OF CHILD UNDER 17	SCHOOL NAME AND PHONE #	AGE	SEX	RELATIONSHIP
PERSON 1					
PERSON 2					
PERSON 3					
PERSON 4					
PERSON 5					
PERSON 6					
PERSON 7					
PERSON 8					
PERSON 9					
PERSON 10					

HOUSING INFORMATION

Name of Mortgage Company/Landlord		Current monthly mortgage/land contract/rent payment	\$
Landlord's Address:		City:	State: Zip:
Landlord's Telephone:		Total Monthly Utility Bills:	\$

HOUSEHOLD INCOME WORKSHEET

*Please enter all regular monthly income, for EVERY person over the age of 16 living in the house, in the columns below. Amounts to include wages, benefits such as pensions or retirement money, social security, public or private assistance of any kind, Alimony and Child Support. Documentation may be requested to verify the information provided. **DO NOT LEAVE THIS SECTION BLANK!***

ESTIMATED 2025 INCOME

Family Members	Monthly Wage/Salary	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	
				Amount	Specify
Applicant					
Spouse					
Person 1					
Person 2					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Anticipated Income (add together "a", "b", "c", and "d")					e.
Total Annual Anticipated Income (multiply "e" by 12)					f.

COMPLETE AND RETURN THIS PAGE

2025 ROMULUS GOODFELLOWS RECIPIENT FAMILY APPLICATION- Continued

CHARITABLE ASSISTANCE

List below any holiday or other assistance received in the past from any charitable organizations or associations or churches

ORGANIZATION NAME	CITY OF ORGANIZATION/ YEAR ASSISTANCE RECEIVED

YEAR/MAKE/MODEL OF VEHICLES REGISTERED AT THIS ADDRESS

	Year	Make	Model	Payment Amount
1.				
2.				
3.				
4.				

SPECIAL CIRCUMSTANCES

Please indicate any special circumstances that should be considered by the Goodfellows when reviewing this application for assistance. i.e. illness, loss of work, mortgage foreclosure, abandonment, utility disconnects, etc. **DO NOT LEAVE SECTION BLANK**

☐ **Check here** if you are interested in **potentially** having your family sponsored by a local business for Christmas assistance.

I AGREE THAT:

1. My legal residence is located within the legal boundaries of the City of Romulus. Non-residents will NOT be considered for assistance.
2. I understand that if my name appears on another agency's list or someone else's list that the Romulus Goodfellows works with, I will be dropped from one or the other's list.
3. Any intentional omission of income or failure to disclose any financial or material assistance from any charitable agency or church by any applicant will eliminate the applicant from consideration by the Goodfellows.
4. Submission of an application for Christmas assistance is not a guarantee that my family will receive anything from the Romulus Goodfellows.
5. The Romulus Goodfellows is a not-for-profit organization made up of volunteers who rely strictly on donations from the community, its businesses and organizations.

I, _____, by signing this form, give my permission to the Romulus Goodfellows Organization to release any information from my application for Christmas assistance to other agencies and churches that may want to assist my family this Christmas Season.

I have read or have had explained to me the following and agree by signing this form to abide by the rules set for the Christmas Assistance Program for the Romulus Goodfellows Organization.

Signature _____ Date _____