



Office use only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
\$ _____ Weekly Fee	

Neighborhood Houses School-Age Programs
Application for Financial Assistance

Complete and submit this form with the following documentation in order to be considered for assistance.

1. Copies of two most recent paycheck stubs for each household income.
2. A copy of latest IRS forms with number of dependents indicated.
3. A copy of an official Photo ID.
4. If it is determined that you would most likely be eligible for child care subsidy through DSS, you are required to apply and submit a copy of the approval or denial letter.

Personal Data-please print			
Child(ren)'s Name:			
Parent/Guardian's Name:		Relationship:	
Address:	City/Zip:	e-mail:	
Home Phone:	Work Phone:	Cell Phone:	
Parent/Guardian's Name:		Relationship:	
Address:	City/Zip:	e-mail:	
Home Phone:	Work Phone:	Cell Phone:	
Are you an U.S citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____			
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			
Are you a student? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not a student			
Is your spouse/partner a student? <input type="checkbox"/> No spouse/partner <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not a student			
How many dependents do you claim on your taxes? _____			
Have you ever applied for assistance with the YWCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Financial Data			
Family Members Name	Employer (Full or Part time)	Yrly Gross Income	Monthly Gross Income
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
Total		\$	\$
Income from other sources		Yearly	Monthly
1. Alimony and/or child support		\$	\$
2. Workman's Compensation/ Unemployment		\$	\$
3. Interest, Dividends		\$	\$
4. Social Security Pension		\$	\$
5. Other		\$	\$
Total		\$	\$

Other circumstances that you wish for us to be aware of when considering you for financial assistance can be attached to this form. Please support the information when possible. Allow 2 weeks for processing.

Agreements:

1. I/we declare the information on this application is to the best of our knowledge and belief, is true, correct, and complete.
2. I/we understand that if I/we are accepted for this assistance, that we may be required to submit updated financial information as required by the Neighborhood Houses.
3. I/we understand that if our payments become delinquent the assistance may be revoked and may affect further considerations for assistance.
4. I/we understand that if all required information is not submitted, I/we may not be considered for financial assistance.

Signature of Applicant

Date