

Town of Halifax Childcare Subsidies Program 2014-2015

Thank you for your interest in the CDBG Childcare Subsidy Program. This program was created with federal and state funds to help local families manage the cost of the licensed childcare they require to maintain employment or full time education and training.

The eligibility for this program is based on household income, residency and employment status. Complete the following checklist to determine if your family meets the eligibility requirements for this program.

1. Are you and your family full-time residents of Halifax, Massachusetts? Yes No
2. Does your gross household income (the amount before deductions) fall within the limit guidelines identified within the chart below? Yes No
3. What is your current employment status? Employed Self-Employed Unemployed Full-Time Student

Income Eligibility Chart

(80% state median income)

Family Members	Income Limits
1	\$46,100
2	\$52,650
3	\$59,250
4	\$65,800
5	\$71,100
6	\$76,350
7	\$81,600
8	\$86,900

If you have answered Yes to the above three questions, you and your family may qualify for a one-time childcare subsidy for use at your licensed childcare center. Subsidy awards may vary. Individual Child Funding: All admitted children pre-school aged or younger will receive \$3,000 as a first allocation. Children of school age will receive \$2,000. If these funds are exhausted prior to the end of the grant period, the family can request additional funds on a first come, first serve basis. The maximum award per child is \$5,000 with a maximum of \$9,000 per family.

To apply for this program, fill out this application and attach the required documentation.

- **The DEADLINE TO SUBMIT COMPLETED APPLICATIONS IS TUESDAY, DECEMBER 30, 2014.**
- Following that date, all completed applications shall be reviewed on a first come first served basis, with those households currently waitlisted for Halifax subsidies given priority, in order of their current waitlist status. All other applications shall be added and reviewed in the order received.
- Subsidies may only be used for childcare provided by Massachusetts Early Education and Care (MA EEC) childcare licensed centers and home daycare providers.
- Families are required to contribute to the cost of care as well. The amount families will pay is based on the MA EEC co-payment chart and will be listed in the contract.
- If you already receive any childcare assistance, awards, subsidies or vouchers you are not eligible for this program.
- The income and employment status will be verified for everyone living in your household age 18 years or older.
- This application is confidential. Your specific household information will not be shared with any other organization or agency, and shall not be used for any purpose other than to determine your eligibility for this CDBG Program.
- **VERY IMPORTANT: Incomplete applications will not be considered for an award.**

HALIFAX CHILDCARE SUBSIDIES APPLICATION 2014-2015

I. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 NAME: _____

Parent/Guardian 2 NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE (DAY): _____ (EVE): _____

EMAIL: _____

II. CHILD INFORMATION (Include information for each child for whom you are requesting assistance.)

1. CHILD'S NAME: _____ AGE: _____

CHILDCARE PROGRAM: _____

MONTHLY TUITION FEE: (for this child) _____ DAYS ATTENDING: **M T W TH F**

2. CHILD'S NAME: _____ AGE: _____

CHILDCARE PROGRAM: _____

MONTHLY TUITION FEE: (for this child) _____ DAYS ATTENDING: **M T W TH F**

3. CHILD'S NAME: _____ AGE: _____

CHILDCARE PROGRAM: _____

MONTHLY TUITION FEE: (for this child) _____ DAYS ATTENDING: **M T W TH F**

4. CHILD'S NAME: _____ AGE: _____

CHILDCARE PROGRAM: _____

MONTHLY TUITION FEE: (for this child) _____ DAYS ATTENDING: **M T W TH F**

III. FAMILY INFORMATION

Total number of people living in your household: _____

Household: List below the head of your household and all members of the household who live in your home. Give the relationship of each person to the head of your household.

First and last name of head of household, followed by names of all persons living in your household	Social Security Number	Relationship to head of household	Birthdate	Employed or Full Time Student

Does anyone live with you now, who is not listed above? Yes No

Do any of the children listed receive care from a licensed childcare provider? Yes No

Do you currently pay a fee for your childcare expenses? Yes No

Are any of the children listed eligible for a Mass Early Education Childcare Voucher? Yes No Not Sure

Are any of the children listed currently receiving any other childcare subsidies or vouchers? Yes No

Are you a full time resident at the address you listed for your household? Yes No

IV. Employment Status Information for Adults in Household

Parent/Guardian 1: ___ Employed ___ Unemployed ___ Seasonally Employed ___ Full-Time Student

Employer: _____

Employer's Address: _____

Work Phone: _____ Years with Current Employer: _____

Work Days (list hours): M _____ T _____ W _____ Th _____ F _____

Parent/Guardian 2: ___ Employed ___ Unemployed ___ Seasonally Employed ___ Full-Time Student

Employer: _____

Employer's Address: _____

Work Phone: _____ Years with Current Employer: _____

Work Days (list hours): M _____ T _____ W _____ Th _____ F _____

Additional Adults in the household: Employment and income verification must be completed for any household member 18 year of age or older.

Additional Adult 1: ___ Employed ___ Unemployed ___ Seasonally Employed ___ Full-Time Student

Employer: _____

Employer's Address: _____

Work Phone: _____ Years with Current Employer: _____

Additional Adult 2: ___ Employed ___ Unemployed ___ Seasonally Employed ___ Full-Time Student

Employer: _____

Employer's Address: _____

Work Phone: _____ Years with Current Employer: _____

Additional Adult 3: ___ Employed ___ Unemployed ___ Seasonally Employed ___ Full-Time Student

Employer: _____

Employer's Address: _____

Work Phone: _____ Years with Current Employer: _____

PART V. CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If you answered yes:

1. Position Title: _____

2. Department: _____

3. How did you hear about this program? _____

4. Note any potential conflict of interest & describe/attach resolution: _____

VI. INCOME INFORMATION FOR ADULTS IN HOUSEHOLD

Did the applicant(s) complete and file a 2013 Federal Tax Return? Yes No

ANNUAL INCOME TOTALS: What is your household’s gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc. for everyone over the age of 18 in the household.)

ANNUAL INCOME

Source of Income	Parent/Guardian 1	Parent/Guardian 2	Other household members 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Pension				
Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other(s)				
TOTALS	\$	\$	\$	\$

****If there are additional adults in the household employed or receiving benefits, please give details here:**

ASSETS: (Checking, Savings, Money Market, IRAs, CDs, etc. for everyone over the age of 18 in the household) Use back of page if needed.

Type of Asset	Cash Value	Annual Income from Assets	Name of Financial Institution	Account Number
Checking Account(s)				
Savings Account(s)				
CD's				
IRA's				
ANNUITIES/STOCKS				
LIFE INSURANCE				
Other (describe)				
TOTALS	\$	\$		

VII. INCOME AND EMPLOYMENT VERIFICATION CONSENT

I/We give The Resource Inc. (TRI), as program manager designee of the Town of Halifax, permission to verify my employment and income.

_____ Date

Parent/Guardian 1

_____ Date

Parent/Guardian 2

VIII. APPLICATION ATTACHMENT CHECKLIST

IMPORTANT! All documentation from this page must accompany the application form. Applications that do not have this documentation will be considered incomplete and will not be eligible for review.

Please provide the information requested in each box for every person over 18 years old in your household.

Proof of Address: Provide one of the items listed in this box.

____ Recent Bank Statement with applicant's name and residential address

OR

____ Recent Utility Bill with applicant's name and residential address

2013 Tax Return: You must provide **both** items listed in this box.

____ 2013 Federal Tax Return only (Form 1040) and Schedule C, if self-employed

AND

____ Completed 4506-T Request for Transcript of Tax Return (attached to application). **You need to fill out and submit this form to the IRS ASAP. The IRS will then send a certified copy, on your behalf, to the Carver Town Hall.**

If you did file a 2013 Tax Return, complete lines 1a-6, and check the box next to 6a.

If you did not file a 2013 Tax Return, complete lines 1a-5, and check the box next to line 7.

Completed 4506-T forms should be sent to Internal Revenue Service, RAIVS Team, Stop 6705 P-6, Kansas City, MO 64999 or FAX to the completed form to (816)292-6102.

Income Verification:

If you are employed: You must submit one of the following items listed in this box.

____ 8 weeks most recent **consecutive** paystubs per person, per job (Note: W-2s Not Accepted)

OR

____ A letter from your employer, on company letterhead, stating annual gross wages

If you are self-employed: You must submit both of the items listed in this box.

____ 3 months most recent consecutive family bank statements

AND

____ A notarized letter detailing your business income and expenses for the last 3 months

Unemployment or other benefits:

____ If receiving benefits, such as unemployment, social security, or disability you must provide copies of: documentation confirming amount and over what time period funds are received.

Conflict of Interest:

____ Signed Affidavit Regarding Conflict of Interest

VIX. ADDITIONAL INFORMATION

If you wish you may include here any specific or anecdotal information regarding your family's financial or personal circumstances that may be affecting your ability to pay your childcare expenses. Please note that personal information shall be reviewed as part of the application, but does not take the place of the required documentation needed for a complete application.

Please note: This application is confidential. The information in this application will be used to determine your family's eligibility for subsidy funds that are subject to HUD regulations and income requirements. The application will be maintained by The Town of Carver, Ma. Your name will be removed from the application prior to any required audit by HUD or DHCD.

STATEMENT OF TRUTH IN INFORMATION

I / We certify that all information given for the purpose of obtaining assistance under The Childcare Subsidy Program is true to the best of my/our knowledge.

Parent/Guardian 1 Date

Parent/Guardian 2 Date

Voluntary Information Requested

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

<u>Ethnic Category:</u> Hispanic _____ Non-Hispanic _____	
<u>Race:</u> White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____	
<u>Gender:</u> Female _____ Male _____	
<u>Check if applicable:</u> Disabled _____ Elderly (over 60 years old) _____ Female Head of Household _____	

<u>Ethnic Category:</u> Hispanic _____ Non-Hispanic _____	
<u>Race:</u> White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____	
<u>Gender:</u> Female _____ Male _____	
<u>Check if applicable:</u> Disabled _____ Elderly (over 60 years old) _____ Female Head of Household _____	

<u>Ethnic Category:</u> Hispanic _____ Non-Hispanic _____	
<u>Race:</u> White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____	
<u>Gender:</u> Female _____ Male _____	
<u>Check if applicable:</u> Disabled _____ Elderly (over 60 years old) _____ Female Head of Household _____	

Voluntary Information Requested (Continued)

Ethnic Category: Hispanic ___ Non-Hispanic ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___
American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___
American Indian/Alaskan Native and White ___ Black/African American and White ___
American Indian/Native Alaskan and Black/African American ___ Other (Multi-Racial) ___

Gender: Female ___ Male ___

Check if applicable: Disabled ___ Elderly (over 60 years old) ___ Female Head of Household ___

Ethnic Category: Hispanic ___ Non-Hispanic ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___
American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___
American Indian/Alaskan Native and White ___ Black/African American and White ___
American Indian/Native Alaskan and Black/African American ___ Other (Multi-Racial) ___

Gender: Female ___ Male ___

Check if applicable: Disabled ___ Elderly (over 60 years old) ___ Female Head of Household ___

Ethnic Category: Hispanic ___ Non-Hispanic ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___
American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___
American Indian/Alaskan Native and White ___ Black/African American and White ___
American Indian/Native Alaskan and Black/African American ___ Other (Multi-Racial) ___

Gender: Female ___ Male ___

Check if applicable: Disabled ___ Elderly (over 60 years old) ___ Female Head of Household ___