2019-2020 Financial Assistance Program
Application and Income Certification Form

Please Print

NAME ____________________________________________

ADDRESS ____________________________________________

CITY, STATE, ZIP ____________________________________________

TELEPHONE NUMBER ____________________________________________

EMAIL: ____________________________________________

FAMILY SIZE (this number should match your tax return):
   1☐  2☐  3☐  4☐  5☐  6☐  7☐  8☐

FAMILY INCOME: My current family yearly income from all sources is: $__________

Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (this number should match your tax return)

To accurately determine your household income, you must include the income of all persons residing in your home from all sources.

Approved Document for Income Verification

You must provide a copy of your 2018 or 2019 Federal Tax Return for Income Verification

NOTE: Financial assistance is based upon income verification and funding availability. Assistance will be given on a first-come first-served basis until funds have been exhausted. All funds awarded must be used prior to June 30, 2020.

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing the services.

Signature: ____________________________________________ Date: __________

Office use only

Tax return year ____ Annual income ________ Verified by ____
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One application per family. Please complete the entire application.
Incomplete applications will not be accepted.
Please only list individuals for whom you will use assistance.

1. Childs Name: __________________________________________
   Last   First   Middle Initial
   Date of Birth: ____________________________ Program interest: ____________________________
   Month/Day/Year

2. Childs Name: __________________________________________
   Last   First   Middle Initial
   Date of Birth: ____________________________ Program interest: ____________________________
   Month/Day/Year

3. Childs Name: __________________________________________
   Last   First   Middle Initial
   Date of Birth: ____________________________ Program interest: ____________________________
   Month/Day/Year

4. Childs Name: __________________________________________
   Last   First   Middle Initial
   Date of Birth: ____________________________ Program interest: ____________________________
   Month/Day/Year

Please send approval notification to:

Parent/Guardian: __________________________________________
   Please print

Phone: __________________________________________
   If we have any questions about your application, we will contact you at this number

Email: __________________________________________
   Approval information will be sent to this email