

Application #: _____

Date Received: _____



Child's Name: _____

Home Address: _____

Program Child is Enrolled in:

Toddler: 5 days 3 days 2 days

Upstairs: 5 days 3 days 2 days

(Please circle)

Extended Day until 3 PM: Mon Tue Wed Thurs Fri

Extended Day until 5 PM: Mon Tue Wed Thurs Fri

PARENT & HOUSEHOLD INFORMATION

Parent/Guardian #1 Name: _____

Relationship to Child: _____ Occupation: _____

Parent/Guardian #2 Name: _____

Relationship to Child: _____ Occupation: _____

Number of Members in the Household: _____

FINANCIAL INFORMATION:

Please do your best to provide accurate information or estimates as needed. *If you would like any help filling out this form or finding information, please contact Amelia Patel (amelia@peopleplacecoop.org).*

| | Combined Parents |
|--|------------------|
| <i>Income:</i> | |
| Adjusted Gross Income reported on most recent tax return filed with the IRS | |
| Untaxed Income and Benefits (e.g. Social Security, TANF, child support, Veteran's benefits) | |
| Estimated Adjusted Gross Income for Current Year | |
| <i>Expenses:</i> | |
| Child Support that you PAY to another because of divorce or separation | |
| Monthly Mortgage or Rent | |
| Monthly Automobile Payments | |
| Average Monthly Utility Payments | |
| Monthly Medical Debt Payments | |
| Monthly Insurance Expenses (e.g. medical, car, home, renter) | |
| <i>Assets:</i> | |
| Cash, Savings and Checking Balances | |
| Other Non-Retirement Investments (Including Mutual Funds, CDs, Trusts, Money Markets, etc) | |
| Other Taxable Balances | |
| Current Value of Real Estate (<i>not</i> including primary residence) | |
| Fair Market Value of Primary Residence | |
| Fair Market Value of Automobile(s) | |
| <i>Debts and Liabilities:</i> | |
| Amount Owed on Home | |
| Amount Owed on Automobile | |
| Amount of Medical Debt | |
| Amount of Other Debt (please specify - student loans, credit card/consumer, etc.) | |

If grandparents or other family members expect to help with costs, how much will they provide? _____

Are you receiving any tuition assistance or child care subsidies from elsewhere? Yes/No

If yes, how much? _____

As parents, how much do you feel you can contribute to your child's school expenses? _____

ADDITIONAL INFORMATION

Do you expect any of the following to occur in the next year?

A change in marital status? Yes/No

A change in the number of dependents? Yes/No

A substantial change in your income? Yes/No

A substantial change in your assets? Yes/No

Please provide details for all YES responses.

****PLEASE ATTACH COPIES OF YOUR MOST RECENT FULL FEDERAL INCOME TAX RETURN****

****Please note that we reserve the right to change your award if your circumstances change.****

