



## 2018-2019 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 2017 or 2018 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, 2019.

**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